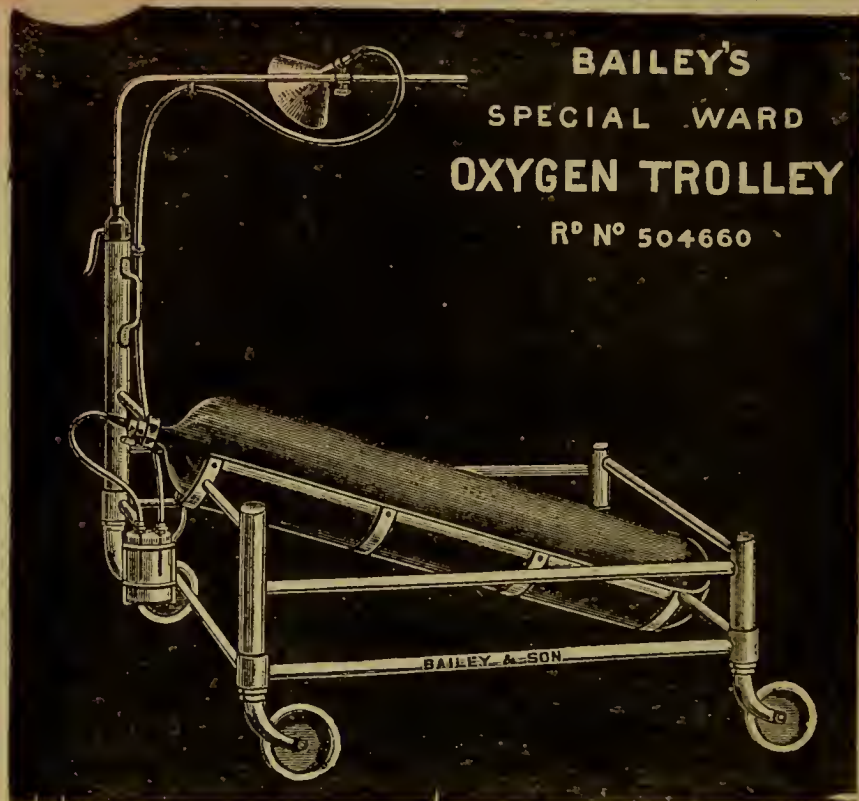


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MATRON OF KING'S COLLEGE HOSPITAL, 1883-1906
MEMBER OF THE ADVISORY BOARD OF
QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

IN SINCERE ADMIRATION OF HER WORK
AND OF THE SPIRIT INSPIRING IT

PREFACE.

THE following pages are intended primarily for the use of newly-appointed hospital matrons, and aim at setting out the system in vogue in certain typical well-administered institutions. In their larger scope they are adapted for the information of all who may find themselves called upon to direct an institution household, whether it be a hospital, a Poor-law infirmary, a convalescent home, or an orphanage. There are countless manuals for the use of the nurse, but the matron has no book to which she can refer for guidance in the numerous important matters which pertain to her jurisdiction. It may be of some assistance to those who are conscious of defects in the system under which they are working, to see how things are managed elsewhere. There is a great fund of experience in the possession of those who have toiled for many years at the task of household administration. Too often this is unavailable for the use of the successor, and in this little book an effort has been made to store up such collective wisdom for the benefit of those whose experience is still all to make.

CONTENTS.

CHAPTER	PAGE
I. The Matron's Training	1
II. Nurses and Beds	11
III. The Ward Sister	21
IV. The Probationer	26
V. Institution Servants	42
VI. The Nurses' Home	48
VII. The Housekeeper's Estimates	54
VIII. The Commissariat	65
IX. Bedding and Linen	78
X. Economy in Laundry and Household	83
XI. Fuel and Light	88
XII. Secretarial Duties	94
XIII. General Superintendence	100
XIV. The Matron's Duty Towards Herself	106
XV. The Matron's Books	112
XVI. Loyalty to the Past	120

THE MATRON:

HER DUTIES AND RESPONSIBILITIES

INCLUDING THE

PRINCIPLES OF ECONOMY IN INSTITUTIONS

CHAPTER I.

THE MATRON'S TRAINING.

THE demand for well-trained matrons and superintendents of nurses is a large and increasing one. In London, alone, there are some 150 voluntary hospitals all requiring the services of an efficient nurse in this capacity. Outside London, and excluding the smaller cottage hospitals, there are at least 500 such posts to be filled in England alone. And there are as many again among homes for convalescents, for incurables, and for the dying, in all of which the superintendence of a trained nurse is essential to the well-being of the institution. Again, there are many matronships of cottage hospitals, of school sanatoria, and other institutions which, from their nature or size, do not require a superintendent of nurses; and, in addition, able matrons are continually

2 THE MATRON: DUTIES AND RESPONSIBILITIES.

in request for the superintendence of Nursing Institutes and Nursing Homes.

There are thus considerably over a thousand matronships open to nurses, and if the Poor-law infirmaries, hospitals for infectious diseases, and other branches of the public service were included, the numbers would rise to several thousands. Hence it is by no means unreasonable for the attainment of such a position to be kept in view almost from the first by women who take up the career of nursing.

Just as there will always be "born nurses," so there will always be "born matrons," but the two natural gifts do not always go hand in hand. The talent for administration is not necessarily accompanied by the marvellous tact and insight which in the "born nurse" are instantly felt by doctor and patient alike. But whether there be special gifts, or, as is more often the case, merely a capacity for learning, it is certain that both nurse and matron must in the present day go through a very definite and thorough training to fit them to fill their posts, and also that to a certain point the training of nurse and matron must be identical. It is necessary to lay stress on this point because there still survive relics of a belief that the duties which the matron of a hospital is called on to fulfil are so dissimilar from those of a nurse, that training as a nurse is to be regarded as an ornamental adjunct, rather than as an essential feature, of her qualifications. The advocates of this theory would relegate the matron to the domestic affairs of the institution, placing her on the footing of the manageress of some boarding establishment, supreme certainly in her own department, but not responsible for more than the material well-being of the several inmates and altogether dissociated from the nursing.

It is not in this sense that we would desire the post of matron to be regarded. First and foremost in her duties to the hospital should be the superintendence

of nursing, and unless the matron have a sound knowledge of nursing, no matter how sterling her character, she will sooner or later find herself in an irretrievably false position. Many women admirably qualified by natural ability to assume a position of influence and authority, make a wrong start at the outset of their nursing career and find themselves in consequence, when they might reasonably look for promotion, at a hopeless disadvantage compared with other candidates. A woman who enters the nursing profession with the intention of devoting herself to hospital work, and this is implied by the aspiration to become a matron, will do well to take her three years of preliminary training at one of the major training schools, not, however, necessarily in London. When the three or four years' course has been passed through with credit, it should be supplemented by additional work. A few months' fever training should be obtained, a course of dispensing, or some instruction in massage, and an insight should be gained into special forms of treatment for which the training school may have afforded no opportunity of study. Too much time should not be spent in this way, for in hospital superintendence such additional experience is less likely to be of service than in private work, but it is always possible that some special branch of knowledge may turn the scale in obtaining an appointment. The next step is to be ward sister, and an effort should be made to secure a post in some hospital where experience may be enlarged. For instance, if gynæcological work has been weak, or the newly-trained nurse is conscious that too little time was accorded to her for surgical work, she may seek a sistership in a Women's Hospital or a Hospital for Accidents, as the case may be. Nurses trained in large London hospitals with medical schools will have no difficulty in obtaining posts in provincial hospitals, where they will find much to learn. The intending matron must guard on the one hand against remain-

4 THE MATRON: DUTIES AND RESPONSIBILITIES.

ing on as a permanent fixture in one hospital, and on the other hand against earning the character of "a rover." It is hard to say which of these extremes is most likely to be prejudicial to her future work. The restlessness, however, induced by too eager a desire for fresh experience seldom passes away, and hospital committees justly regard it with disfavour. A nurse who has worked for some years successively in two good hospitals is, perhaps, in as favourable a condition as regards training as could be desired.

The next step will be the attainment of a post as home sister or housekeeper, leading on to an assistant matronship. Such posts are more likely to be offered to a sister whose character and work are known in the hospital than to be made known by advertisement. Success in at least one subordinate administrative post is essential to the candidate for a matronship, and no purely nursing certificates, however excellent, will avail without evidence of some administrative experience.

Such a career as we have sketched is, under existing circumstances, the best preparation available for the intending matron. It is but a bare outline of the successive steps through which the nurse moves forward to be matron. Hundreds of nurses follow this line who fail entirely to fit themselves for the responsibilities of authority. How may the years spent in hospital work, in submission and in the performance of small details, be so used that they may serve as a preparation for the future? Every matron, looking back on her own past training, can tell how it has helped to fit her for far other duties, and can mark many missed opportunities which she would give much to retrieve. Let the woman who intends to fit herself for the position of matron realise clearly what duties she will be called upon to perform, and she will then be in a position to make the most of these preliminary years.

First and foremost in the duties of the matron comes

1. THE SUPERINTENDENCE OF NURSING.

The probationer who looks beyond the present to the day when she may be called on to supervise, rests short of nothing less than perfection in her work whether it be in her own obedience to regulations, or in the making up of the ward fire, the wiping out of a patient's locker. Nothing is trivial in her eyes, and this principle, carried on into the graver affairs of her training, induces that attitude of steadiness which is recognised as the mark of the good nurse. She need not necessarily be very clever or very quick, but she appreciates the importance of the things she is called on to do, and this long before she is in a position to understand for what reason they are important. She must embrace every opportunity for study which is placed within the reach of the pupil nurses and opportunity should not be wanting to the student who is in earnest. It is not, perhaps, so clearly recognised as it ought to be that two grades of nurses are of necessity present in every large hospital. The great majority will do exactly as much bookwork as they are obliged to do, and no more. They learn with difficulty and need the gentlest handling by examiners, but in manual dexterity and in memory for the details of their work such pupils may leave nothing to be desired. A small minority of nurses are keenly interested in all which relates to their work, eager students of the theory of nursing, and never so happy as when in the lecture-room. For these in the whirl of hospital life small provision can be made. But among these the budding matron should surely be found. All her life she must be a learner, and must accustom herself from the very beginning to use every opportunity to the utmost which is afforded by her superiors. Unless the matron is keen, and has a real love for her profession, the

6 THE MATRON : DUTIES AND RESPONSIBILITIES.

nursing will unquestionably go down under her rule. She must for ever be on the watch to keep herself abreast of the times, or as years go on she will find her supremacy doubted, and her dicta received politely, it may be, but without conviction. So in her probationer days she must begin as she means to go on.

Next in importance among the duties which fall to the matron is

2. THE SUPERINTENDENCE OF NURSES.

This is placed second only as a matter of tabulation, and not of degree. For it is so closely bound up in the first that the one cannot subsist without the other. The matron cannot keep the standard of nursing high without a right understanding of the art of governing her nurses, and no nurse in hospital can do good work unless she is trying to master the art of governing others side by side with herself.

Almost from the moment of entering the hospital the probationer has opportunities for learning to grapple with the great administrative problem how to make other people work. Starting perhaps by teaching some raw beginner to fold a sheet she passes in her second year to definite duties towards the newcomers and so to the more responsible instructions of the staff nurse. At every stage, long before she is in a position of assured authority as ward sister, she has people to work under her, and more helpful still, she is working at the same time under others and can learn by personal observation the right and the wrong method of giving orders. There is no doubt that to get people to do their best is a gift of nature. But it is also an art which can be learned by any intelligent woman. There is no better place than a hospital in which to learn the art of government. Every hour gives opportunity for self-restraint, patience and courage in dealing with subordinates,

for loyalty and sincerity in obeying superiors, for reticence and the exercise of a judgment unbiassed by personal slights or favours. Of these materials are built the great foundation of justice. The probationer is no child at school. She is a woman in the prime of life preparing herself to have the issues of life or death entrusted to her. From the very first, right through her career she must keep in view the great principle of justice on which all sound government rests. Unless that is mastered, practically as well as theoretically, all the other attainments of the matron will be wasted ; she can never be a success as the head of any institution. If justice be once grounded in the heart of the nurse, there will be no need for anxiety when she becomes the superintendent.

3. TEACHING.

The duty of lecturing is a severe strain on many matrons admirably qualified in other respects for their work. What matron has not experienced that deadly sinking of the heart as the hour approaches when the long row of caps, aprons, and note-books is to be confronted ? Sometimes this fear arises for want of the thorough knowledge of the subject which gives confidence to a teacher. But it is more often a diffidence about the power of expression, which results from want of practice in teaching.

Sound knowledge such as should inspire confidence alike in the teacher and the pupil is seldom to be gained merely by attendance at lectures during the probationer period. For one who is being prepared to lecture these opportunities of learning must be largely supplemented by additional instruction and by private study. Few women before beginning hospital training realise the importance of such studies in their future work, else surely they would not leave them to be grappled with in the crowded years of probationer life. At the age of twenty-three it might reason-

ably be assumed that opportunity for some serious study of physiology had been possible. If, as must often happen when the probationer period passes and the certificate is granted, the nurse awakes to some perception of the vagueness of her actual knowledge of these subjects, it would be wise (always bearing the possible matronship in view) to continue systematic study until she feels herself to be on sure ground. When once the knowledge is gained there need be no difficulty in the way of any ward sister getting practice in teaching if she desires it. By coaching her own probationers, by repeating a lecture to some who have missed it, by stepping in when wanted to take the place of the usual teacher, she will find her powers expand of thinking and speaking clearly, and thus when placed in a position of authority she will be able to speak collectively to her nurses without causing discomfort to herself or others.

4. SUPERINTENDENCE OF SERVANTS.

The best training which a matron can have in the superintendence of the servants is what she gains as ward sister in the direction of her ward-maid. She will get in her own ward plenty of exercise in the art of making the best of indifferent material. Is she always complaining of the omissions, rudeness, and stupidity of the maid who falls to her share? Be sure that she has yet to learn the A B C of domestic management. On the other hand, the sister who has learned to explain clearly, to correct kindly and repeatedly, and to penetrate resistance by imperturbable good humour is on the road to become the mistress of a contented and efficient staff of servants.

5. HOUSEKEEPING.

It is unfortunately true that a nurse may remain many years in large hospitals without getting the

slightest insight into the working of the household at large. There are some wide-minded matrons who afford their Sisters in turn opportunities of learning housekeeping, but these are few in number. There is no such thing to be had as a practical course of institutional housekeeping. The best preparation available is to work as assistant matron, and although the number of assistant matronships is very small, it is increasing every year. It is an undoubted drawback to the smooth working of institutional households that new matrons are compelled, each in succession, to make their own experience out of their failures. Any experience gained before entering hospital life will be of the greatest value in entering upon this work. The period of training and active nursing in hospitals cannot possibly afford any insight into the mysteries of housekeeping, and it is to early training and early responsibilities that some of the best matrons owe their success.

6. ACCOUNTS.

In most small hospitals the matron has to keep the books and is responsible for a large proportion of the accounts. If she has never had more to do with figures than the keeping of private accounts, this will probably prove a very irksome if not ill-discharged duty. If, however, a course of housekeeping is hard to obtain, the same cannot be said of book-keeping. No woman who aspires to the post of matron should neglect the precaution of taking a dozen lessons in this simple art. When it is properly understood there is a fascination in well-regulated figures, even to those who are naturally unbusiness-like, but to have to find it all out for herself, perhaps after everyone else has gone to bed, and with weary expenditure of ink and sighs, is a process to daunt the clearest head.

7. SECRETARIAL WORK.

It is not usual for much clerical or secretarial work to be demanded of a matron. But it is possible she may have to take the minutes occasionally at meetings, and a knowledge of the procedure on such occasions will be of great service to her. The best possible way of learning the unwritten laws which govern committees is to follow attentively the course of proceedings at all formal meetings which may be attended. Any business friend could explain the procedure, and every fresh light thrown on the subject will add to its interest. It is to be regretted that women, as a rule, are completely unversed in the exact and ancient customs regulating meetings, since nearly all the public business of this country—from the House of Commons to the village nursing association—is carried on through the medium of committees and under the protection of the same code of regulations.

8. SUPERVISION OF PRIVATE NURSES.

Finally, it is not unusual in provincial hospitals for the matron to undertake the duties of sending out and supervising the staff of private nurses attached to the institution. Personal knowledge of the pitfalls of private nursing is hardly to be expected of her, and in this branch of her duties the matron-elect must buy her own experience. With the watchword of *Justice* before her she need not fear to pay too high a price.

We have said that many duties will be required of the matron which defy analysis. For these there can be no formal preparation other than the preparation which every day of youth affords for the heavy responsibilities which await the woman in charge of a household, be she wife and mother or matron and superintendent of nurses.

CHAPTER II.

NURSES AND BEDS.

THE first and most anxious subject for the newly-appointed matron to consider is the nursing staff allotted her relatively to the number of beds. Varied experience will here prove her weightiest ally. To the matron trained and employed in but one hospital it will always be a matter of some difficulty to believe that the work can be got through with anything short of the proportion of nurses to which she has been accustomed. But it is quite within the bounds of possibility that she will find but two pairs of hands available for every three at her old training school. I assume, for the sake of argument, that she has been trained at one of the great London hospitals with medical schools. The facts relating to the size of the staff in hospitals throughout the country are extremely obscure. The disproportion revealed in the comparative tables of "Burdett's Hospitals and Charities, 1907," relating to the nursing staff in various institutions is even more remarkable when closely examined, and has never been explained. We quote on pp. 12 and 13 some of the figures.

The average number of beds to each nurse has been ascertained by deducting from the staff all those who are mainly employed outside the wards in the out-patient department, the receiving-room, in massage or electricity, and in the office and home

12 THE MATRON: DUTIES AND RESPONSIBILITIES.

No.	YEAR 1905 Name	Analysis of Nursing Staff					
		Daily Average No. of Occupied Beds in 1905	Total Nursing Staff	Nursing Staff Engaged Mainly Outside Wards			Average No. of Beds to Each Member of Day and Night Staff
				Matron and Assistants	In Out-patient and Receiving-room	In Massage, Finsen Light, Office, Home, &c.	
Medical Schools. London.							
1	London	741	432	3	23	33	1.9
2	St. Bartholomew's	549	271	5	8	4	2.1
3	Guy's	526	A 247	4	12	13	2.4
4	St. Thomas's	460	176	2	7	3	2.8
5	St. George's	323	147	2	6	5	2.4
6	Middlesex Hospital (includ- ing Cancer Wing)	309	140	3	5	3	2.4
7	St. Mary's	254	105	3	7	5	2.8
8	King's College	185	85	2	3	2	2.2
9	University College	184	105	2	7	5	2.0
10	Royal Free	119	51	1	2	—	2.4
11	Charing Cross	169	62	2	3	2	2.9
Provincial.							
12	Leeds General Infirmary	361	103	2	4	1	3.7
13	Birmingham General Hos- pital	291	105	4	B 7	—	3.0
14	Bristol Royal Infirmary	221	105	3	6	12	2.6
15	Sheffield Royal Infirmary	228	70	2	3	1	3.5
16	Liverpool Royal Southern	198	51	2	2	3	4.5
17	Bristol General Hospital	177	63	2	4	4	3.3
18	Oxford, Radcliffe Infirmary	109	41	3	3	2	3.3
Scotch.							
19	Edinburgh Royal Infirmary	828	249	6	9	2	3.5
20	Dundee Royal Infirmary	241	83	4	—	3	3.1
21	Aberdeen Royal Infirmary	218	70	1	4	3	3.5
Irish.							
22	Dublin, Meath General Hos- pital	103	58	2	2	—	1.5
General Hospitals. London.							
23	Seamen's Hospital	241	46	2	2	1	5.9
24	Great Northern Central	147	51	1	3	1	3.1
25	German	108	21	1	2	—	5.6
26	Poplar	77	36	2	3	1	2.5
27	North-West London	45	17	1	3	—	3.4
28	Miller	20	8	1	B 2	—	4.0
29	Bolingbroke	30.9	15	1	1	1	2.5

A And 15 Preliminary Pupils not reckoned in Day and Night Staff.

B Includes Staff engaged in Massage, Finsen Light, Office, Home, etc.

No	YEAR 1905 Name	Analysis of Nursing Staff					
		Daily Average No. of Occupied Beds in 1905	Total Nursing Staff	Nursing Staff Engaged Mainly Outside Wards			Average No. of Beds to Each Member of Day and Night Staff
				Matron and Assistants	In Out-patient and Receiving room	In Massage, Finsen Light, Office, Home, etc.	
	General Hospitals—cont.						
	<i>Provincial.</i>						
30	Leicester Infirmary ...	190	64	2	3	2	3.3
31	Wolverhampton and Staffs. ...	142	48	3	3	1	3.4
32	Royal Devon and Exeter ...	161	66	2	2	1	2.6
33	Sunderland Infirmary ...	183	44	3	3	—	5.0
34	Northampton General ...	135	43	2	4	2	3.6
35	Cardiff Infirmary ...	158	A 51	1	3	1	3.8
36	Reading, Royal Berkshire ...	140	48	3	3	2	3.5
37	Plymouth, South Devon and East Cornwall ...	117	45	2	2	1	2.9
38	York County ...	94	42	2	1	1	2.3
39	Preston and Co. Lanes Inf. ...	94	30	2	2	2	3.9
40	Bath, Royal United Hospital	89	34	2	3	2	3.2
41	Lincoln County ...	93	30	2	1	2	3.7
42	East Suffolk and Ipswich ...	103	30	1	2	—	3.8
43	Royal Portsmouth Hospital	118	35	2	2	1	3.9
44	Royal Hants County Hospl tal, Winchester ...	87	39	2	2	1	2.5
45	Hereford General Hospital ...	53	20	1	2	1	3.3
46	Bolton Inf. and Dispensary ...	99	31	1	B 3	—	3.6
47	Barnstable, North Devon Inf.	37	14	1	1	—	3.0
48	Taunton and Somerset ...	86	41	2	1	2	2.4
49	Devonport, Roy. Albert Hosp.	47	19	1	—	1	2.7
50	Essex and Colchester ...	69	18	1	—	—	4.1
51	Stockport Infirmary ...	71	21	1	1	1	3.9
52	Cheltenham General Hospital	65	29	1	1	—	2.4
53	Guildford, Roy. Surrey Co. H.	71	21	1	1	—	3.7
54	Staffordshire General Inf. ...	46	15	1	2	—	3.8
55	Macclesfield General ...	45	15	1	1	—	3.4
56	Torbay ...	36	16	1	2	1	3.0
57	Aylesbury, Roy. Bucks Hosp.	27	9	1	1	—	3.8
58	Saffron Walden Hospital ...	19	5	1	—	—	4.7
59	Enfield Cottage Hospital ...	13	3	1	—	—	6.5
	<i>Scotch.</i>						
60	Kilmarnock Infirmary ...	101	21	1	—	1	5.3
61	Dumfries and Galloway Royal Infirmary ...	73	25	1	1	—	3.1

A Exclusive of Massense, who lives out of Hospital.

B Includes Staff engaged in Massage, Finsen Light, Office, Home, etc.

departments. The number of occupied beds has been divided by the total remaining staff and the quotient gives, roughly speaking, the average number of patients to each nurse. We say roughly speaking, for this must necessarily be an artificial method of stating the case, although it is the only one which enables the nursing staff of one hospital to be compared with that of another. The nurses must be divided again into day and night staff, some reserved for special duty, and allowance made for relieving those on short and long leave before the real proportion of work, which falls on an average to each member of the staff, can be estimated. And into these calculations it is impossible to enter with a large number of institutions varying in size and in organisation.

But regarded merely as a basis for comparison, the method employed in "Burdett's Hospitals and Charities" is excellent. The true significance of the figures is apparent on a moment's consideration. The difference between an average of two and three beds apiece for the staff works out at a difference of 17 nurses for every 100 beds. The fine gradations can only be ascertained by the use of decimals. The difference between 2 and 2.1 beds apiece is almost exactly a difference of two nurses on every 100 beds. In the case of a hospital with several hundred beds the difference between an average of 2 beds apiece to the ward staff, and say 3.5, or 4 beds, would represent an increase in the latter case of over a hundred nurses.

Various causes conduce to the diversity we have observed, but the cause which may seem the most obvious—namely a distinction in the standard of the nursing, must on mature consideration be altogether rejected. No one who has had any experience of the best hospital work in London and the provinces can consent to the suggestion that the standard of nursing depends to any considerable extent upon the size of the staff.

The construction of the building is one great factor in determining the number of the nursing staff. Large wards of about equal size, containing from 25 to 30 beds, afford fewer difficulties in apportioning the staff than the irregularly built and smaller wards of the older hospitals. It is true that in old hospitals one sister has often the superintendence of two wards which are practically separate although classed as one. But in this case and especially if the rooms which make up the ward are on separate floors, as was the case in the old University College Hospital building, the sister's time is continually wasted, the strain upon her is doubled, and she must have increased help if the work is to be got through at all. The tendency of modern hospital architecture is to reduce labour as far as possible, and we find accordingly that among the great London hospitals, the oldest buildings are those in which the nursing staff reaches its largest proportions.

Another factor which influences the size of the nursing staff is the amount of teaching which is undertaken. In some of the great training schools of the metropolis and the provinces the number of first-year probationers among the nursing staff reaches a total of almost 50 per cent.

In contrasting the staff at her disposal in a medium-sized hospital with that of her old training school, the matron must not omit to take into consideration the quality of the material at her disposition. The cluster of new probationers which goes to swell the size of the staff means a good deal of additional work for all connected with them in their first few weeks or months of hospital life, and from the point of view of actual nursing they are almost a negligible quantity. But when due allowance has been made for difficulties of construction, for the demands of incessant teaching, and for the additional strain of work conducted at the high pressure, which is

often a direct consequence of enthusiastic medical schools, there remains still, for the administrative powers of the matron, a large field. In assigning the proper complement of nurses to each ward, in arranging the time-table so that while undue strain on individuals is avoided each nurse may be working up to the full extent of her powers, in dovetailing with precision and economy of labour the services of extra nurses required for leave and holidays, there is scope for ability and certainly need for unceasing vigilance if the number of the staff is to be kept low.

In illustration of the variety of hospital administration we cannot do better than give a few examples of ward equipment in some typical hospitals in town and country from information courteously supplied by the heads of these institutions.

The average of beds which falls to the staff has been estimated by omitting all nurses employed exclusively outside the wards, including, however, the extra nurses required for leave, holidays, and emergencies.

St. George's Hospital.

		Sister.	Staff		Probationers.		
			Nurse.				
3 wards, 9 beds each...	(day)	1	...	1	...	1	
"	"	...	(night)	—	...	1	
5 wards, 12-14 beds each	(day)	1	...	1	...	1	
"	"	(night)	—	...	1	...	$\frac{1}{2}$
8 wards, 23-26 beds each	(day)	1	...	1	...	3	
"	"	(night)	—	...	1	...	1
2 wards, 33-35 beds each	(day)	1	...	1	...	5	
"	"	(night)	—	...	1	...	2

Average of beds divided among day and night staff, 2.4.

Proportion of first year probationers, 21 per cent.

King's College Hospital.

				Probationers	
				Staff	1st and
				Nurse.	2nd year.
				Sister.	
Ward of 50 beds	...	(day)	1	...	4
" "	...	(night)	—	...	1

This allows of four consecutive hours off duty for each nurse.

Average of beds among day and night staff, 2·2.

Royal Free Hospital.

				Probationers			
				Staff	Senior	Junior	
				Nurse.	Prob.	Prob.	
				Sister.			
Full-sized ward ... (day)	1	...	1	...	1	...	1
" " (night)				One night nurse.			

Average of beds among day and night staff, 2·4.

Proportion of first year probationers, 24 per cent.

Seamen's Hospital.

The wards are all small, containing from 3 to 7 beds. They are grouped together in floors, and the system in practice works out at an extreme economy of nursing.

				Probationers	
				Staff	1st and
				Nurse.	2nd year.
				Sister.	
Surgical floor of 53 beds (day)	1	...	2	...	2
" " (night)	—	...	1	...	1
Accident floor, 42 beds and 6 cots ... (day)	1	...	2	...	3
" " ... (night)	—	...	1	...	1
Medical floor, 41 beds (day)	1	...	2	...	3
" " (night)	—	...	1	...	1

Average of beds among day and night staff, 5·9.

Proportion of first year probationers, 39 per cent.

Great Northern Central.

				Staff	Senior	Junior	
				Nurse.	Prob.	Prob.	
				Sister.			
Ward of 25 beds (day) ...	1	...	1	...	1	...	1
" " (night)...				One night nurse.			

Average of beds among day and night staff 3·1.

Proportion of first year probationers 25 per cent.

18 THE MATRON: DUTIES AND RESPONSIBILITIES.

Addenbrooke's Hospital, Cambridge.

	Sister.	Staff Nurse.	Senior Prob.	Junior Prob.
Surgical wards, 27-32 beds	1 ...	1 day ... and 1 night.	1 ...	2 ...
Medical wards, 26 beds...	1 ...	2 ...	1 ...	1 ...
Children, 21 beds ...	1 ...	2 ...	...(1 day and 1 night.)	2 ...

Average of beds among day and night staff 2·3.

Proportion of first year probationers, 26 per cent.

Sunderland Infirmary.

Ten of the wards contain 12 beds each ; four have 17 beds, one has 14. There are three small wards with six beds.

	Sister.	Staff Nurse.	Prob.	Male Attendant.
Female surgical, 2 wards, 26 beds	1 ...	2 ...	2 ...	—
" " " (night)	—	1 ...	—	—
Male surgical, 4 wards, 48 beds	1 ...	4 ...	—	—
" " " (night)	one nurse	and one male attendant.		
Medical (2 male 2 female) 4 wards, 48 beds	1 ...	4 ...	2 ...	2
" " " (night)	one nurse	and one male attendant.		
Children's (1 med., 1 surg.) 2 wards, 34 beds	1 ...	2 ...	4 ...	—
(night)		one nurse.		

Average of beds among day and night staff, 5.

Proportion of first year probationers, 23 per cent.

Sussex County Hospital.

	Sister.	Nurses and Probationers.
Large ward, 31 beds (day) ...	1 ...	4
" " (night) ...	—	2
Smaller wards ... (day) ...	1 ...	3
" " (night) ...	—	2

Average of beds among day and night staff, 3·2.

Proportion of first year probationers, 20 per cent.

Western Infirmary, Glasgow.

				Staff Nurse.	Senior Prob.	Junior Prob.
Full - sized wards (in cubicles)	(day)	1	...	1	...	2
" " "	(night)	—	...	—	...	2
Heavy surgical wards	(day)	1	...	2	...	2
						3

Average of beds among day and night staff, 3·1.

Proportion of first year probationers, 26 per cent.

Royal Infirmary, Glasgow.

In this hospital there are no sisters and their place is supplied by "head nurses." The wards are irregular in size.

		Head Nurse.	Assistant Nurses.	Probationers.
Ward of 26 beds	(day)	1	...	2
" " "	(night)	—	...	1
Ward of 13 beds	(day)	1	...	1
" " "	(night)	one night nurse.		

Average of beds among day and night 3·8.

Proportion of first year probationers, 19 per cent.

It will be seen that with one or two exceptions the variations in number takes place among the probationer class. The sister, the staff nurse or third-year probationer, and two probationers in their first and second years, form the groundwork of all the systems for full-sized wards containing 25 beds and over. Where much teaching is undertaken the number of probationers swells to four.

Irregularities of construction may justifiably give rise, as we have already pointed out, to an increase in the number of the staff, but this may also prove an occasion of triumph to the resourceful administrator. The latter result is illustrated in the averages of the Seamen's Hospital. Exceptionally able sisters are required for the superintendence of a floor of from 40 to 50 beds, separated up into eight or ten wards, and the high character of the nursing at this hospital shows unmistakably that such sisters are secured and retained in its service.

It is not possible, in the face of the varied averages quoted above, to lay down any hard and

fast rule as to the correct proportions of the nursing staff in a general hospital. There are, however, so many instances in which the nursing is of the highest order on the basis of 3 or 3·5 beds to the ward staff that it should be in the matron's power, where this proportion of nurses is exceeded, to account for the excess.

The work may be of an exceptionally arduous character, as in the case of some clinical hospitals, or the building may be in process of reconstruction, or the wards may be ill-planned, or there may be an exceptionally valuable training-school. But whatever the cause may be it should be clearly understood by all the authorities that the normal average of nurses sufficient under ordinary conditions for securing a high standard of nursing without undue strain on the nurses has been over-passed.

CHAPTER III.

THE WARD SISTER.

It is hardly too much to say that the tone of the nurses throughout the hospital depends entirely upon the relations which subsist between the matron and the ward sisters. It is not a question of personal influence. The magnetic power possessed by some women which attracts persons of their own sex to desire passionately their good opinion, may appear to an outsider to save a great deal of trouble, and indeed some who are conscious of conspicuously lacking this gift, are tempted to despair of their powers of government. But to ensure a good tone the methods of the "magnetic" people must follow exactly the same lines as the methods of ordinary folk, or the result will be favouritism, dissension, and general demoralisation. The essential thing for the matron to obtain from her sisters is their confidence. She must depend on their reports to a great extent for her knowledge of what is passing in the hospital and without this intimate knowledge she cannot govern well. To secure the confidence of her sisters the matron must before all things else prove herself reticent. The relief of sharing heavy responsibilities with one even a little better fitted to cope with them will prove irresistible to her sisters unless experience show them that every unguarded word spoken to her makes mischief. The ward sister should be able to impart her anxieties to her matron with the

certainly that she is speaking into a sealed book, that her confidences will not work round to her again through another source, that no needless fuss will arise from recounting a harmless incident. The matron who has acquired this difficult art of reticence need not fear that the confidence reposed in her by her sisters will degenerate into gossip. On the contrary it will prove the greatest safeguard against that curse of institution life indiscriminate personal talk. For the matron will become as it were the safety valve whereby the "on dits" may be let off, and the consciousness that the matron knows and is silent imposes the best restraint on thoughtless tongues.

The difficulty of getting and retaining good ward sisters appears to be increasing every year, and is felt in large as well as small hospitals, in London and in the provinces alike. It is largely within the power of the matron to create round her subordinates that atmosphere of contentment in work which is one of the best things life has to offer, and which tends to make admission to the household she superintends a thing to be coveted. How can she best do this, and at the same time keep the nursing up to the highest standard?

In the first place she must remove unnecessary worries. She must put herself hour by hour on paper through the day's work of each sister, and so organise the work that needless "drive" is abolished. She must herself supervise the sisters' quarters and take pains to make their private rooms places where the soul may be possessed in peace in off-duty hours. A comfortable bed-sitting-room, if no better can be done, is a necessity if the sisters are to be more than birds of passage. An armchair, a writing table, a book shelf, a shaded light and solitude, these are the simple luxuries which should be accessible to every sister as a relief from the strain of hospital routine. And as comfort is a matter of detail we would urge on the matron the

special importance of the reading-lamp. The inadequacy of the lighting arrangements in the common sitting-rooms of nurses' homes occasions far more active discomfort than shabby furniture.

The foundation being laid of contentment with surroundings, and confidence established between sister and matron, there still remains the problem of keeping sisters and their subordinate nurses alike "up to their work." And to this end systematic inspection is the only road. The young sister fresh from her training school, full of self-confidence, persuaded that salvation lies only in the methods she has been taught, and the old sister who has seen things done in so many ways that she thinks nothing matters very much, both must be brought to feel the guiding hand of the matron, and both probably start with the impression that they know a good deal better what they are about than she does. The new matron will have many difficulties to face before her staff is well in hand, but she will be wise if from the very first she establishes a system of regular and open inspection into every detail of ward work. Regularity is essential, for spasmodic or furtive visitations invariably constitute a grievance. Yet the moment of inspection should be uncertain. Until the matron is sure of her own memory and powers of observation, she should make private memoranda of all the details to be looked into and assign times in each ward (different every week) for satisfying herself that her orders in this particular have been carried out. It is not to be supposed that incessant fault-finding will be the result. The mere fact that a breach of orders or discipline has been observed by the matron will generally prove sufficient. But in cases of reluctant obedience or repeated neglect, the matron, however distasteful the task, must observe the great rule of government and complain (in private) to the offender, never of her. It is only the incompetent ruler who is heard to say, "I wish she would not

do that." The good ruler says, "Please do not do that." And how different the result!

There are three sisters who hold a somewhat different position from the others—namely, the assistant matron, the home sister, and the house-keeping sister. According to the size of the household, there may be one or other of these, if not all three. In small hospitals it is usual to delegate these duties, or some of them, to one of the ward sisters who is responsible in the matron's absence. It is a wise plan for the single-handed matron so to train her sisters that she can always rely upon one who understands the details of her office work, one who can take charge of the nurses' home and one who can give out the stores and order the meals if necessary. But of this more must be said later on.

In small modern hospitals with regular wards the number of sisters required is the same as the number of the wards, with additional sisters for out-patients and theatre. The theatre work is sometimes undertaken in rotation by the ward sisters, but this course must never be followed with regard to the out-patients' department, the staff of which must imperatively be kept entirely separate, to obviate the risk of infecting in-patients. The staff nurse in such hospitals takes the place of the sister in off-duty times and holidays. In large hospitals the matron will find extra sisters necessary or the routine of the wards will be subject to too frequent interruptions. Skill in dove-tailing leave, and planning the duties of the sisters tells for much when the average number of beds is reckoned out among the working staff, and an experienced matron learns less and less to depend on surplus nurses.

Nothing makes greater pressure than a shortage of sisters. Indeed, where the matron is obviously overburdened it is a very doubtful advantage to supplement with probationers. It merely means more people to be taught. One sister is of more value than several probationers, and although from

the point of view of salaries it may seem that more outlay is incurred by increasing the number of sisters, it is in reality a less costly step than to add unskilled workers who, though they receive no pay, may cost the hospital from first to last as much as £50 a year each during their training.

The following is the average of occupied beds which falls to each sister in some leading hospitals. The divergence is largely a question of construction :—

London Hospital...	... 10	Liverpool Royal Southern	22
St. Bartholomew's	... 17	Edinburgh Royal Infir-	
Guy's ... ..	... 17	mary	23
St. Thomas's	... 18	Meath General Hospital	17
St. George's	... 13	Seamen's Hospital	40
St. Mary's...	... 14	Great Northern Central	14
University College	... 12	Leicester Infirmary	17
Leeds General Infirmary	24	Wolverhampton and Staff	18
Birmingham General Hos-		Royal Devon and Exeter	14
pital ... ..	... 18	Sunderland Infirmary	26
Bristol Royal Infirmary...	13	Royal Berkshire ...	17
Sheffield Royal Infirmary	17	Royal Hants County	12

A word must be said concerning the attitude of the newly-appointed matron to the staff of sisters she finds in charge. The power of appreciating the work of a predecessor is an unerring sign of a strong character, and never is it put to a more crucial test than when a new work has to be carried through with instruments shaped by another. If the preceding influence, however old-fashioned, has been a strong and wholesome one, there will be resistance to change, but loyalty and esteem will be gained in the end if only the new comer can guard her tongue from depreciation. Let her make changes fearlessly, they will not be resented for long. But the disparaging word, the contemptuous gesture in referring to the past *régime* will never be forgotten. It is easy enough for any new matron to bring about the resignation of such sisters as are not of her own appointing. It is a higher thing to attract their adherence to the new ways.

CHAPTER IV.

THE PROBATIONER.

THEORETICALLY the number of first-year probationers is a quarter of the entire staff. Practically the number varied in 1905 from 58.5 per cent. at St. George's Hospital and 60.3 at the Meath Hospital, Dublin (both including paying pupils) to 12.9 at the Charing Cross Hospital and 15.6 at the Dundee Royal Infirmary. The average in nine London hospitals with medical schools was 33.2; in six provincial hospitals with medical schools 27.1. In hospitals without medical schools the figures are:—Average of six London general hospitals, 29.1; average of 28 provincial general hospitals, 28.2. Among the nine hospitals with medical schools in London there are several which take a large number of paying pupils. If these were deducted the average for this group would be much the same as in the other hospitals—namely, just above the normal 25 per cent. required to renew the staff every three years. In order to get a fair idea of the financial cost of the probationer, it is necessary to consider, first, what expense her presence entails upon the hospital; and next, what the hospital receives from her in return.

The annual cost of the probationer is calculated with some exactitude in "Burdett's Annual." Taking it at the minimum it works out per head as set out in the following page.

	£	s.
Collective expenses of the Nurses' Home, including rent, rates and taxes, water, light, heating, service, linen, cleaning, crockery, etc., repairs, renewals, and miscellaneous items	10	0
Board	20	0
Laundry	6	10
Uniform	1	10
Lectures and examinations	2	0
Total (exclusive of salary)	40	0

This is a very low estimate, the cost of board frequently amounting to £26 or £30 a year, and the collective expenses of the home being often higher than £10.

In addition to those things received by the probationer which have a direct monetary value, she is the recipient of a great deal of unpaid service in the way of instruction from all concerned with her—doctor, matron, ward sister, staff nurse. But it may fairly be contended on her side that the labour which she entails is more than compensated by the freshness she brings to her work.

It must now be considered what the hospital receives from the probationer. She is completely untrained in the work that she has to perform. She can bring no skill or knowledge, she has everything to learn. But she is no child. She is in the prime of life, at an age when, if she is ever to be of any use in the world, all her faculties are at their highest point of efficiency. She gives herself unreservedly. In other kinds of work there are opportunities for doing things for herself, seeing her friends, making her clothes, reading, or keeping up other pursuits, possibly supplementing her salary in sundry small ways. In hospital her entire time is surrendered to her duties with the exception of such recreation hours as are essential to health. She must be deaf to the call of family, festivity, even, it may be, of

family emergency. She must be content to be tired every day to the point of intense fatigue. She must devote every faculty and all her will to the end in view, the proper performance of duty. And she does not long remain unskilled. She is a probationer for three years, but it is only during the first six months that her labours are absolutely unskilled. By the middle of her second year she is a responsible person, able to take charge on occasion, and from then on she steadily grows in value to the institution. How do these things balance against what she receives from the institution? During her three probationary years she receives in kind, in board, lodging, and other benefits the equivalent of at least £120, and, in addition, entering the hospital an unskilled worker, she leaves it with a profession which will bring her a good living in almost any part of the world. There can hardly be two opinions about the fact that in her first year she is a debtor to the hospital, and is by no means able to render services equivalent to her maintenance. But does this right itself as her training goes on, so that at the end of her probation she may feel that she has not only repaid the benefits received, but is also entitled to a salary? Taking all things into consideration, we are disposed to think that the balance of benefit still remains on the side of the hospital, and that no injustice is done to the nurse when she serves her third year unpaid. Yet, with one or two exceptions, all hospitals pay their third-year probationers, and a small salary is commonly given also during the second year. The fact, however, that such salaries are paid does not completely establish the fact that the probationer is entitled to payment, on account of the value of her services. There are grave disadvantages in retaining in the service of the hospital a large body of unpaid workers, however liberally they may be recouped for their labours by comfortable maintenance and skilled instruction.

And these drawbacks are so considerable that it is found in practice better by many institutions to pay a small salary, as pocket money, from the outset of the probationer's career. There are certain expenses in clothing, journeys, etc., which no nurse can escape, and if she is earning nothing she is apt to fall into debt, and so make a false start from the beginning. It is quite reasonable to expect the probationer to come provided with means to defray such little expenses, but the only way in which to ensure this is to require an entrance fee sufficient for the purpose, and return it as salary during the first year. This is the plan adopted by the Blackburn and East Lancashire Infirmary, the Nottingham General Hospital, the Swansea General Hospital, the Royal Hants County Hospital, the Adelaide Hospital (Dublin), and the Dublin House of Industry Hospitals. The plan has so much to recommend it that we are surprised it is not in more general use.

The responsibilities of the matron with regard to her probationers begin long before they enter the hospital. The task of selecting them bears often very heavily on her. In some cases thousands, and in many cases hundreds, of applications are received yearly from intending nurses, and to secure the right women out of this crowd of applicants is a severe strain on the judgment.

It is astonishing, in view of this large field of choice, that so few hospitals require any preliminary knowledge from their probationers. Candidates are frequently selected many months before a vacancy occurs, and during this time might be wholesomely employed in preparing themselves for their future duties, but it is the exception for any course of study to be laid down for them.

At the London Hospital and at Guy's there are preliminary schools for accepted probationers, in which instruction is given to them for a few weeks before they are passed on into the wards. At

St. Bartholomew's Hospital, after a preliminary examination to test general intelligence and education, the probationers are examined in elementary physiology, the composition of the air, the structure and use of thermometers, and the signs and terms commonly used in prescriptions. At the Leicester Infirmary applicants must pass a preliminary examination in elementary physiology and in sick-room cookery. At the Glasgow Royal Infirmary a three months' course of serious study, divided into two courses, is required from all candidates, who provide board and lodging at their own expense. The first course consists of twelve lectures and demonstrations on anatomy, twelve on physiology, and twelve on hygiene. Those who pass the examination at the conclusion of this course are admitted to the second course, consisting of twenty lectures and demonstrations on surgical cases, twenty on medical cases, and twenty practical lectures by the matron and housekeeper on ward work and cookery. Not till they have passed an examination in the subjects of the second course are they admitted as probationers. After entering the hospital the instruction is purely practical.

It is hardly likely that preliminary probationer schools will ever become universal. The expense is prohibitive, that at the London Hospital costing the charity £1,200 a year. Nor is it practicable in ordinary hospitals for the staff to arrange courses for outside students desirous of becoming probationers.

But it is both desirable and practicable that intending probationers should have a definite course of preparation marked out for them. From the table subjoined it will be seen how large a proportion of the entire staff necessarily consists of first-year probationers. The strain of the ward work arises in great measure out of the incapacity of newcomers. The labour of teaching them what they might with ease and satisfaction have learned before

entering the hospital is a serious tax on the whole staff, from the medical officer—who tries to make them understand the circulation of the blood—to the harassed staff nurse, who must show them how to hold a broom.

In the first place, it is reasonable to expect intending probationers shall make themselves proficient in what is generally called "house-work." They ought to know how to make beds, dust rooms, sweep floors, light fires, polish brass, etc., all in the correct way, and to this they should add a practical knowledge of plain cookery. In many instances instruction of this nature is accessible to a girl in her own home. But where this is not the case, there are now many schools of domestic management, where these elementary duties are properly taught. On this general knowledge special methods can be speedily grafted. A probationer who has practised herself in housework will see at a glance the orthodox method of making the beds, and with only a hint or two from her fellow-workers becomes a dexterous assistant. If she has practised the art of cooking, invalid cookery becomes merely a question of following a recipe. She should be required then to make herself familiar before she enters the hospital with the arts of keeping a house clean and cooking her own meals; and these are arts, it may be added, without which no woman's education is complete, whatever her sphere in life may be.

And, in the second place, the probationer should be urged to master at least the elements of physiology before she begins her training.

The Board of Education holds periodical examinations in London and most provincial towns on this subject, and excellent courses of instruction are given in connection with them. The standard of knowledge required for Human Physiology, Stage I., includes all that is usually taught to nurses in this connection, viz.:—

1. The form, position, and use of the bones con-

stituting the skeleton, with a general idea as to the build of the body, as well as the boundaries and position of the contents of the various body cavities.

2. The structure and functions of the skin.

3. The structure and arrangement of the heart, chief blood-vessels, and the circulation, with a knowledge of the general composition, uses, and phenomena of blood. The microscopic appearance of human blood.

4. The structure and arrangement of the lungs, with a knowledge of the theory of respiration and the changes resulting therefrom in the blood and air.

5. The general structure and uses of the teeth, stomach, and intestines, including a knowledge of the processes of digestion and assimilation.

6. The position, general structure, and uses of the liver, spleen, pancreas, kidneys, and bladder.

7. The muscular system. The nature of joints. Animal heat.

8. The different kinds of sensations. The eye. The ear.

9. The nervous system.

The examination is purely elementary, and, after a reasonable period of study, should present no difficulty to candidates who have had a modern education and have passed, for instance, the seventh standard in the elementary schools.

It is believed that many intending probationers would find interest in advancing to the second stage. It is certain that they would derive very much benefit from attendance on a course of hygiene as laid down by the Board of Education. Lectures on physiology and hygiene are held in all large centres in connection with the Science and Art Department at South Kensington at very moderate terms and would, we believe, be

eagerly attended by young women desiring to fit themselves for their future duties as nurses, if their attention were drawn by the hospital authorities to the advantage of some preliminary knowledge.

It will not rest with the matron to determine the regulations for admitting probationers. But her advice will have weight with the hospital authorities, and even without formal requirements she may do much to influence her accepted candidates to prepare themselves for their work. She will do well to impress upon them at the very least a preliminary course of early rising, for want of which many promising probationers have been known to collapse altogether after their first week.

It is the duty of every matron to regard the period of training allotted to her probationers, in each case, as a whole. It is quite possible, under an easy-going system, for two nurses trained simultaneously at the same hospital, to exhibit widely different degrees of efficiency, and this mainly owing to the degree of opportunity afforded respectively. It is now usual to allot at least three years to the training of the nurse, and during that time she should be exercised in medical and surgical nursing in both male and female wards, day and night, in the theatre, and in the out-patient and receiving-rooms. She should also be granted experience in any special branch of nursing which may be afforded in her training school. This may be regarded as the bare framework, but to make sure that nurses in training have their time distributed fairly on these lines, demands some considerable amount of skill and forethought on the part of the matron. To this end it is essential to keep a record¹ of each probationer which shall state month by month in what wards her time has been spent, with a note of the report on her work

¹ See Chapter XV.

34 THE MATRON: DUTIES AND RESPONSIBILITIES.

supplied by the sister who has supervised it. In this way only can the matron follow every step of the probationer's career. She can balance the unsatisfactory opinion of one sister against the warm eulogy of another, such contradictory judgments frequently occurring in the case of "temper-some" women, and can watch the evolution of the nurse from the undisciplined novice, without being discouraged at occasional failures. She will be able, by aid of the information thus available, to give a fair opportunity to every probationer of learning every branch of her work. She will avoid the temptation to keep probationers too long in one department of work—the clever because they are useful, and the dull because it is less trouble than teaching them something new, and by a wise distribution of the time which is to be spent in the institution will lay the basis of a sound nursing education.

THE PROBATIONER'S COURSE.

It is a truism that the value of the probationer's training depends in large measure on the extent of the opportunities afforded her for gaining experience. It is not so clearly understood, however, that these opportunities depend less on the size of the hospital than on the system of the matron.

Superintendents who have had the advantage of experience in both large and small hospitals are unanimously agreed that the soundest training can be afforded to probationers in hospitals of the ordinary medium-sized provincial type, which, by their simplicity of structure, make it possible to pass all probationers through each department in the course of their three years' training. Such hospitals contain, as a rule, five principal wards, two surgical wards (male and female), and two medical wards (male and female), with a ward for children. In addition, there will be an isolation ward, and several

smaller ones for special cases. In a hospital of this description the usual rule is for each probationer to pass on in rotation, taking three months' day duty and three months' night duty in each principal ward. This disposes of two and a-half years of her training, the remainder being filled in with special cases, and theatre or out-patients' work. It will hardly be practicable, even under this simple system, to afford each probationer during her term experience of theatre work, but the matron can generally arrange to give experience among the out-patients to those who miss the theatre, and in this department it is now usual to perform many minor operations, which do, to a certain extent, make up for the loss of experience in the weightier responsibilities of the theatre. It is not every probationer who is fit during her years of training to be of use in the theatre. A nurse who has passed through every department of a moderate-sized hospital in this manner is certainly in a very good position as regards her future, although she may perhaps have had no opportunity of seeing out-of-the-way cases such as may fall in the day's routine as a matter of course to the probationer in a big clinical hospital. The duties of the matron as regards organising the course of her probationers in such an institution is greatly simplified, and many perplexities which beset the distribution of the work in a large institution are avoided altogether.

The plan of keeping each probationer three months on day and three months on night duty, generally in the same ward, prevails also in many hospitals of such a size that it is impracticable to give each nurse experience in each ward. At St. George's Hospital the ordinary practice is to retain the probationer six months on alternate day and night duty in the same ward, thus affording her during her three years six changes. At the end of every three months the matron receives a report from the sister under whom the probationer has been working, stating what has

been learned during her stay in the particular ward, and a glance at these reports enables the matron to ascertain whether there have been any gaps in the training and to take steps to rectify omissions. The probationers get no theatre work until they have been at least a year under training. In their second year they serve, as opportunity offers, one month in the theatre as junior probationer; and in their third year they get, if possible, the opportunity of serving there for another month as senior probationer. In the fourth year they are staff nurses.

At Guy's Hospital it is usual for probationers to be changed every month during their first year, and after that they remain one year in a given department.

At most Poor-law infirmaries the practice is for probationers to remain three months in each ward.

In a clinical hospital where there is a great deal of life and movement, and where, as a rule, discipline is easy to maintain, the probationer can with advantage remain longer in one ward than in a smaller institution where, unless moved at comparatively frequent intervals there is some danger of her falling into a routine bad for herself and bad for her work. If it is thought desirable to give frequent changes it should be at the beginning of the work, when all is new and the work which falls to the lot of the probationer is purely mechanical in nature. It is a good plan, at any rate during the time which is spent on trial, before the probationer is regularly engaged, to allow her to work under more than one sister, so that her qualities may be justly gauged. Some sisters are of so gentle and tactful a disposition that no one can fail to do at least passably under them, and bad characteristics fade into insignificance in their presence. Yet it will not do to engage women who are perhaps incapable of doing their work unless very gently handled, at the recom-

mentation of such gifted teachers. On the other hand, and far more frequently met with, are the sisters who take a dark view of human nature, and are given to unreasonable dislikes. Thus it is better to get two or three verdicts before deciding for or against the new pupil. A great deal can be done by good organisation to equalise the training, and give additional advantages to probationers who seem to have come short. But to this end the matron must know exactly what to expect from the time spent in each department, and study to keep the balance even between her duty to the probationer and her duty to the institution.

Both in large and small institutions incessant vigilance is needed to ensure that no important hiatus ensues in the experience of nurses sent out with the hall-mark of a certificate of training. Undoubtedly much depends on the diligence of the nurse herself, but it is on the matron in the last resort that the full responsibility must rest, and it is for her not merely to provide opportunities for instruction, but also to guard against the possibility of such opportunities having been wasted.

There are three main branches in the training of the probationer, the practice of nursing, the theory of nursing, and the ethics of nursing. The matron in a good training school is alive to the importance of all three, and has her own methods of providing that no one of them is neglected. We are concerned here not so much with the actual details which go to make up good training, as with the matron's responsibilities.

1. The *practice of nursing* is learnt in the daily routine of the wards, and is all too commonly left for the probationer to pick up as she goes along, from the grudging and impatient instruction vouchsafed by her seniors, aided by such wits and powers of observation as nature lends to the task. Irksome as the process often proves, it is at least a sure one, if sufficient time be devoted to it. It is

tolerably certain that no woman of ordinary intelligence passes three years in the wards of a good hospital without becoming familiar with the duties she is expected to perform as a nurse. But should the matron rest satisfied with this? We think not. It is her duty to see that every probationer receives instruction from the very first as her due, and not as a disagreeable concession to her incapacity. It should be made clearly evident that the time spent in each ward is expected to count for something, and to this end the matron should define with her sisters the particular duties in which their successive probationers ought to become proficient under them, and as we have said should receive from them reports at the end. The order in which the probationer's nursing duties are acquired will depend of course on the ward to which she happens to be assigned, but it is for the matron to arouse in every ward a spirit of willing and skilful instruction which shall reduce the period of incapacity in the newcomer to a minimum and turn her speedily from an unhappy blunderer to a competent assistant. It may seem rather thankless and dreary work teaching a succession of pupils to perform elementary duties. It can be stimulated till it becomes a pleasure if there is some one at the head of affairs who takes a keen interest in it, appreciates its difficulties, and finds time to watch the progress made. A regular system, embracing the elementary duties in which the probationer is expected to become proficient during her first year, should be drawn up by the matron, and it will be all the more successful if she invites the co-operation of her ward sisters in its construction, since it is for them to apportion the work and carry out the plan of practical education in nursing which shall be agreed on. It should be well recognised both by the probationer herself and by those responsible for her instruction that it is due to the institution that the period of inefficiency be reduced to a minimum.

2. Although it may not fall to the matron to direct ostensibly the *theoretical training* of the probationers, it is certain that the standard of proficiency attained will depend largely on her. It is important that she herself attend the lectures given by members of the medical staff, and it is for her to provide that the pupils receive after instruction in the same subject, when the lecture can be carefully gone through, and lessons given in note-taking and in answering examination papers. The classes which arise out of the lecture should be graded into two or more divisions, corresponding to the standard of intelligence or education among the pupils, and backward pupils should be placed under the charge of one of the sisters responsible for coaching them. The usual course of theoretical training afforded to probationer nurses consists in lectures on—(a) physiology ; (b) medical nursing ; (c) surgical nursing. Some knowledge of physiology is, of course, essential to enable the nurse to obey instructions intelligently. But this elementary knowledge of physiology can, as we have said, be acquired quite as readily before entering the hospital as the arts of reading and writing. Medical and surgical nursing cannot, on the contrary, be studied with full advantage except by nurses actually engaged in ward work ; and it is, therefore, of the greatest importance that as much time as possible should be secured for this indispensable part of the nurse's education during the time she spends in hospital. The matron may do much by her own zeal to stimulate the interest of her nurses in the teaching available for them. Lectures which appear stiff or dull to ignorant girls may be filled with interest if they are followed up by a class of keen comment and illustration. And if the matron will train herself to give this class in person she will be well repaid. Her opportunities of coming into personal relations with her probationers are not many, and an occasion for addressing them collectively is one

which she and they will grow to value in proportion to her own sense of its importance.

3. And this leads to the consideration of the third branch of training—the *ethics of nursing*. Certain persons are found to contend that the matron of a hospital has nothing to do with moulding the character of her nurses, but must confine herself merely to teaching them their work. We are not concerned to refute this contention because, whether she will or no, the head of a training school must inevitably influence her nurses for good or for evil. Things which she considers of importance, whether it be the punctilious assertion of her own dignity, or the smart appearance of the wards, or the repression of tittle-tattle, will be the things which will be brought about; if she is unpunctual, the nurses will be unpunctual; and if she allows herself to gossip, gossip will be the order of the day. But, apart from this general inevitable influence exercised by the head of a household on her subordinates, there is a special code of ethics binding on the nurse in her professional character, and many of the temptations attaching to the practice of private nursing would be avoided if probationers were well grounded in these obligations during their time of training. The minor obligations relating to dress and manners; the greater obligations of reticence and of loyalty to the medical officer in charge of the case; these seem simple enough—almost too obvious—to the outsider. But in practice the duties of the nurse towards herself, the patient, the patients' friends, and the doctor are full of complexity. It is quite impossible to give lectures on nurses' difficulties. But the matron whose eyes are open to such difficulties may constantly refer to and discuss them with her probationers in her weekly class on nursing. In a purely business-like way, without the slightest attempt at preaching, she may imbue her subordinates with a sense of their high calling. And, alive to the fact that many nurses with high ideals fail in

their duty for want of sound judgment, she will continually illustrate by means of the subject in hand the simple rules of conduct which should guide them in the exercise of their calling, and enforce the dangers of transgressing their professional code.

CHAPTER V.

INSTITUTION SERVANTS.

SINCE the essence of modern hospital management is cleanliness, the importance of the ward-maids' and scrubbers' work is beyond dispute. The general efficiency of the building from the aseptic point of view will depend very much on the manner in which this work is carried through, and one of the matron's standing difficulties will be the organisation of this band of ignorant and irregular workers, and the maintenance among them of willing obedience to orders. There is no getting rid of the fact that if she is to succeed the matron must herself know how every detail of the work ought to be done. She must know whether the fires are clumsily laid, how much polish to give out for so many square yards of flooring, and whether the steps are being washed down properly. If she is ignorant of these things and obliged to depend on a vague impression that it "looks nice" or the reverse she will be at the mercy of her subordinates, some of whom will get good work out of the servants, while others will incessantly complain of their inefficiency. If the matron on her appointment finds herself at a loss in these domestic details, she must set herself diligently to the task of learning, nor rest content until she has mastered the best possible methods. Many excellent labour-saving appliances can now be had for institution use, and progress in domestic routine has been considerable

during the last ten years. It will not do to rest contented with methods acquired in some quiet home in childhood. Much can be gained from visiting other institutions and the time thus spent will be amply repaid by increased power of control.

The matron being then in a position to know exactly what results she ought to expect, and what means she should use, must concentrate attention on so organising the work as to reduce the amount of labour to a minimum. The domestic duties of the institution fall under various headings according to its size and the character of work undertaken. The following are the main branches :—

1. Housemaids' work in the wards done by ward-maids.
2. Cleansing of floors and stairs done by scrubbers.
3. Housemaids' work in nurses' home, etc.
4. Kitchen work.
5. Laundry work.
6. Engineering department.
7. Porters' and messengers' duties.

It is probable that the matron will not be called upon to superintend all these departments, but the first five enumerated will certainly fall to her share. In considering the apportionment of the work she will probably be struck by the wide difference between her new surroundings and former conditions of household management which have come under her observation. There is no regular system as regards domestic work in English institutions. The one point of agreement is diversity of organisation. A glance at the list of wardmaids and scrubbers in various London and provincial hospitals given on pages 132-135 of "*Burdett's Hospitals and Charities, 1907*," will show that the amount of service required bears little correspondence to the size of the institutions. It could not for a moment be maintained that the hospitals employing most wardmaids and scrubbers were better kept than the

others ; it is purely a question of organising labour, complicated slightly by variations in structure.

The difficulty must be met at the outset by a system of careful calculation. Starting with the wardmaids the number of hours' service required in each ward will need working out with the aid of each sister so that a fair arrangement may be arrived at. Large wards containing from 25 to 30 beds must have each its own maid, who will have also under her care any small ward attached to it, in addition to lavatories, ward kitchen, the sister's room, etc. A list of hours apportioning approximately the time required for all duties should be worked out, one copy to be given to the maid, one retained by the sister, and a third filed away by the matron. These lists compared one with another will show at a glance when the work requires for any cause less time in one ward than in another, so that spare labour can be made available in other directions. Where the services of one wardmaid have to be divided between two or more smaller wards great care must be taken to define and strictly adhere to distinct hours for each ward.

So far it has been necessary to consider each ward as a separate household. But in dealing with the cleansing of floors, passages, and stairs, a better plan is to regard the institution as a whole, to take it floor by floor as though it were an empty building, and estimate the number of hours' service required every week to keep it in good condition. In this calculation experience must go hand in hand with theory. It is impossible for anyone to say off-hand how long it should take to wash down a stone staircase extending from the top to the bottom of the building. But a careful note may be made of the time which a good worker takes over the job, and the same plan may be applied to the scrubbing of floors until a very good working

average is reached of the hours required to go through the whole institution. When that has once been done all that remains is to split the work up among the scrubbers, who may be engaged by the week, day, or hour, as is most convenient. Each scrubber should have her time-table, a copy of which should be in possession of the housekeeper (if there is one) as well as of the matron herself. It is the duty of the housekeeper to check from time to time the punctuality of the workers and make a note of any irregularity in the working out of the time-table.

The housemaids' and parlourmaids' duties in the nurses' home and in the hospital should be worked out from the beginning of the day to the end, and the same course should be adopted also for the kitchen. We quote the following example from the domestic routine of an exceptionally well-managed hospital.

Dining-room Maid.

- 6.20 a.m.—Out of bedroom.
- 6.40 a.m.—Nurses' breakfast on table.
- 7 a.m.—Clear and reset sister's table for 7.40 a.m.
- 8 a.m.—Kitchen breakfast.
- 8.30 a.m.—Clear and prepare night nurses' dinner for 9 a.m.
- 9.30 a.m.—Clear and wash-up. Kitchen tidy.
- 10 a.m.—Sweep and dust dining-room. Knives. Servants' lunch.
- 12 a.m. to 1.—Dinners.
- 1.30 p.m.—Kitchen dinner.
- 2.30 p.m.—Help wash-up all dinners. Clean kitchen. Fetch stores. Set teas.
- 2 to 3 p.m.—Door bell.
- 4 to 5 p.m.—Teas.
- 5 p.m.—Wash-up all teas and reset suppers.
- 7.45 p.m.—Fetch suppers.
- 8 to 9 p.m.—Suppers and help wash-up. Reset breakfast.
- 10 p.m.—Fires and lights out.

great compensation which the institution offers for the more arduous character of the duties is the regularity of the hours on leave, and, if good servants are to be retained, their rights in this particular must be considerably dealt with.

However small the household, a wages' book, after the specimen given on page 73 of the "Uniform System of Accounts,"¹ should be kept by the matron. In a large institution she may be obliged to delegate the payments to her housekeeper, but she will find it convenient occasionally to pay the wages herself by way of keeping in touch with her staff and enforcing a seasonable word of encouragement or correction.

The maintenance of an equable domestic atmosphere depends almost entirely on justice in little things. The matron has to recognise clearly and impress on her subordinates the fact that the moulding of good wardmaids and servants lies in their own hands. It is not hard work, nor strict inspection, nor even well-earned rebuke which leads to restlessness and rebellion. It is the sense which prevails in a disorganised household that blame falls capriciously, that good work passes always unnoticed, and that nothing matters very much.

¹ "The Uniform System of Accounts for Hospitals, &c." Sir Henry Burdett, K.C.B. (Scientific Press.)

CHAPTER VI.

THE NURSES' HOME.

IN planning all new hospitals and in reconstructing old ones it is now the invariable custom to separate the nurses' quarters entirely from the main hospital building. The advance of asepticism has brought with it the logical demand that the same scrupulous cleanliness shall be exacted in the nurses' home as in the hospital wards, and the desirability of attracting and retaining good nurses has added privacy and comfort to their quarters.

A good nurses' home is provided with its own staff of servants, and with kitchen premises in which all meals in the home are prepared. It contains a refectory or dining-hall, common rooms for sisters and nurses respectively, separate sitting-rooms for the senior sisters, and separate bedrooms for each member of the staff. The rooms of those on night duty are on the top floor or in a wing shut off from the rest of the house. A sick-room, conveniently situated on the first floor, is available for any who are ill.

It is clear that a home of this description, indisputably the best for its purpose, which is that of housing a contented and healthy staff, entails upon the matron the responsibility of two distinct households. She cannot be in two places at once, and it is essential in these large establishments that some one in authority should be continually on the spot if all is to work smoothly. The matron will therefore be obliged to delegate some of her duties to

a home sister or assistant housekeeper, whose duties may be combined or not, according to the size of the institution.

The duties of the home sister comprise:—

The supervision of all the rooms in the nurses' home, together with that of the domestic staff and charwomen.

Conducting preparatory classes for probationers, correcting papers set, and looking through note-books.

The care of any who are ill.

Carving and presiding at meals.

Distribution of letters at frequent intervals from letter-box.

Charge of linen and bedding in nurses' home; direction of needlewoman.

Such assistance as may be required with the matron's correspondence.

The following is a typical day of a home sister in a London hospital:—

7.40 a.m.—Sisters' breakfast.

8 a.m.—On duty. See scrubbers; go round hospital, and nurses' home. See any sick member of nursing or domestic staff.

8.40 a.m.—Matron's office. Distribute letters (letter-box cleared 8.30 a.m., 10.30 a.m., 1 p.m., 3 p.m., 5 p.m., 7 p.m., 9 p.m.). Write orders for repairs, etc. Give out Convalescent Home letters, etc.

9.30 a.m.—Doctor comes if required. The rest of the morning is spent in going round the rooms in the nurses' home. Twice a week class for nurses 10 to 11 a.m.

2.30 p.m.—Nurses' first dinner.

1 p.m.—Nurses' second dinner.

2 p.m.—Matron's office. During the afternoon, correspondence, assist with visitors, etc., etc. Twice a week, lecture at 6 p.m.

7.30 p.m.—Sisters' supper.

8 p.m.—Nurses' first supper.

8.30 p.m.—Nurses' second supper.

9 p.m.—Give out rations for night nurses. Matron's office.

10 p.m.—Lock up down stairs.

10.30 p.m.—Turn out gas in nurses' home and lock up.

Off duty alternately afternoon and evening.

It will be seen that illness in the nurses' home makes a great difference in the work of the home sister. A clean bill of health in the household sets her free for many extra duties.

We have quoted this as a specimen of a good home, well organised, under the charge of a capable home sister. But in the present state of hospital development the matron will be exceptionally fortunate if she finds herself in a post where everything is arranged on these satisfactory lines. She is much more likely to be in a position where the comfort of her nurses is a thing to be struggled for and where she has to cope single-handed with the double duties entailed by the hospital and nurses' quarters.

There are compensations in being obliged to overcome difficulties. And the principal compensation which lies in making the best of bad nurses' quarters is that the matron is compelled to exercise her individual gifts, and may, if she is dexterous, and cares enough about it to take a great deal of pains, succeed in producing with the poorest materials just that delicious air of home comfort conspicuously absent in some expensively equipped nurses' homes. She may not be able to isolate altogether the night nurses' quarters, but she may arrange that the work on their floor is finished before they go to bed, that doors in the vicinity are fitted with india-rubber pipings, and that a strip of felt shall deaden any unavoidable footfalls. She may provide their windows with suntight blinds or curtains, and take some pains to see that their meals are appetisingly served, light, and easy of digestion. There is little doubt that one of the main causes of sleeplessness in nurses on night duty is indigestion, caused by the derangement of their ordinary meal-times. Hence any hard or heavy kind of food, such as salt beef or suet pudding, should be omitted from their dietary. The cubicle system has manifold dis-

advantages for nurses. But the matron may find herself compelled to make the best of it. Much can be done by daily supervision, by tact in placing those together who are congenial companions, and by firm discipline. There is little use in putting printed papers of rules against the wall. The spirit of mutual courtesy must reign, and it is for the matron to instil this by example as well as by taking notice in private of any breach of consideration for others which may occur. Where the cubicle system is in force the bedroom cannot be treated as a bed-sitting-room and the arrangement of the common sitting-room becomes a matter of great importance. We have seen countless nurses' sitting-rooms all over the country ranging from the very elegant to the distinctly shabby, but we have never seen one which came up to our idea of comfort. The essential feature of a sitting-room as a place to sit in appears to be lost sight of in planning these big apartments. They are for the most part reception-rooms where clusters of people may lean back in lounge chairs or receive an occasional visitor. But the nurse who has an hour to spare before going out has probably many little things to do, a letter to write, or notes to prepare for her lecturer, or a bit of sewing. She must fetch everything she wants, probably from a long distance, and then may often find no spare seat where a good light is available, for the sin of lighting such rooms by a chandelier from the top is too prevalent. The nurses' sitting-room, if it is to take the place of a private room, should have a separate low desk or tiny table with locked drawer, assigned to each occupant. These tables could be grouped in sets of two or four with a low-hung gas or electric bracket to each set round the room and provided with stuffed cane armchairs sufficiently easy to give rest to the back without entailing the ridiculous attitudes which make all employment impossible. Think of the comfort to a nervous

woman of knowing on entering a crowded room that her own corner is waiting for her, with books and work ready of access. It is the sense that the place is her own which makes the essence of home, and the matron who can produce this feeling among her nurses will be well repaid for her trouble by increased gentleness and contentment among her staff.

A newspaper club is an important feature of the common room, and among even a small staff a halfpenny a week each will produce wonders in the way of variety. If for no other reason but that of widening the range of conversation the matron should not allow this institution to drop through. It is impossible to deal fully with the question of recreation, so different are the possibilities with regard to locality. Cycling is perhaps the ideal recreation as it refreshes the mind, invigorates the whole system, and rests tired feet more effectually than any other form of exercise. By a little contrivance on the part of those in authority room could generally be found for the bicycles of the staff and the success of the cycling club at Guy's, proves that no disadvantages as regards situation need prove insuperable. Room can often be found for an asphalt tennis court where no grass is available and this is an excellent resource all the year round. In some hospitals, notably the Hospital for Paralysis, Maida Vale, and the Great Northern Central Hospital, roof gardens have proved a great boon. Whatever form of recreation may be available the matron may and should do much to smooth away difficulties, and without interfering with the liberty of her nurses when they are off-duty must keep a watchful eye lest any abuse creeps in. Her object is to keep the staff thoroughly healthy in body and mind, and whatever can help to that end is part of her business as head of the family.

The days when nurses were "not expected to be

ill " have passed away and every matron must now train herself to recognise those beginnings of illness which are easily checked if taken in hand at once. The system in force at King's College Hospital, which grants the first-year probationer a late morning in bed from time to time, and whenever fatigue declares itself, is worthy of imitation. A day in bed is understood to be better than drugs after any long-continued strain and often saves time in the end. Doubtful cases should be reported without delay to the doctor, and should the doctor himself observe symptoms of illness in any nurse which have escaped the matron, it should be well received.

It is the duty of the matron to keep under strict observation any nurses who are engaged with typhoid cases, and by perpetual admonition and inspection to enforce precautionary measures. It can hardly be doubted that the numerous instances which come to light of typhoid infection communicated to nurses are due to want of vigour in the superintendence.

CHAPTER VII.

THE HOUSEKEEPER'S ESTIMATES.

AMONG the 90 hospitals which furnished returns to "Burdett's Annual" relative to the cost of nursing last year, only 38, less than half, were in a position to estimate the annual cost of boarding the nurses. Among these are conspicuous the 11 principal London hospitals with medical schools, all of whom keep their accounts in such a way that the cost of boarding each section of the household can be readily disentangled. Deducting these the proportion of hospitals able to state the cost of feeding their nurses falls to one-third of those who furnished returns, and is probably less than a tenth of the total number.

It is curious that in many hospitals in which extreme care is taken to keep expenses down, the importance of arriving at a clear knowledge of the expenditure on the different departments of the household is not understood. Even really clever housekeepers to whom the question of what it costs to board the different sections of the institution is a matter of deep interest, recoil from the labour which they fancy it must entail; and the others, who are not perhaps very clever, but are often very painstaking, are unable to see the advantage of so ordering matters as to bring this knowledge within their grasp. Housekeepers, then, are divided into three classes: those who know, those who want to know, and those who neither know nor care to know.

It is very usual to evade the issue by preparing statements of the cost of board per bed or per head. Both of these are futile, but the cost of provisions per bed is not merely useless, but absolutely misleading, for any but the widest purposes of comparison. The amount of provisions consumed in the hospital may easily be divided by the number of occupied beds, and a rough average is thus obtained. But unless it be clearly specified how many persons other than patients are fed in the institution, nothing but confusion can result. The second plan—one which is often adopted in provincial hospitals—is to lump all the inhabitants of the institution together, patients, staff, nurses, and servants, and divide the cost of all provisions among them. When this reveals a low figure, it is assumed that all is going well, and the comparative amount spent on the different sections of the household is considered a matter of indifference. Yet not even the cleverest manager could tell how much it ought to cost to feed 200 people, some of whom are in strong health and working hard, while others are unable to take any solid food.

The variations in the cost of boarding different sections of the household may be ascertained by examining the figures of St. Thomas's Hospital. For the year 1902 the total cost of provisions was £11,360, and the daily average of persons boarded amounted to 709, including 465 in-patients. Now this total gives an average of £15 4s. per head per annum, or something like 10d. a day. Yet this amount was not the cost of boarding any one section of the household. The patients cost $8\frac{1}{3}$ d. a day; the nurses cost 1s. $3\frac{1}{4}$ d. a day; the servants cost $8\frac{1}{2}$ d. a day; and the officers' board, including wine, cost 3s. a day. No purpose whatever could have been served by making a statement to the effect that the average cost of board in the hospital was 10d. Again, at St. Mary's, where the book-keeping is equally good,

the cost of provisions in 1902 was £7,723, which, with a total of 414 persons boarded in the hospital, including a daily average of 248 patients, works out at an all-round cost of about 1s. a day. But the actual figures of the cost are widely different. The patients cost 10½d., the nurses cost 1s. 5d., the servants cost 6d., and the officers 2s. 1d. per day. Estimates of cost are obviously impossible unless the constituent parts of the household, with the corresponding charges involved, are allowed full weight. Suppose, for example, a provincial hospital were to rest satisfied with showing an average cost per day of 10d., basing the estimate on the average presented by St. Thomas's, as a hospital where the commissariat has a deservedly high reputation for economy and excellence. Such conclusions would be in the highest degree misleading, unless there were an equally large proportion of officers and nurses. In some provincial hospitals where the number of officers boarded is inconsiderable, the cost of board divided among all the inmates does not exceed 9d. a day, but to rest satisfied with this is to remain in ignorance of the true condition of affairs. It is possible to err on the side of parsimony as well as on the side of economy. The patients may be receiving inferior provisions, short allowance of milk, or insufficient convalescent diet, while more than is required to make them comfortable is muddled away in the kitchen or among the staff. Or it may be that the patients' diet is needlessly embroidered with extras, while the nurses' table is pared of all but the coarsest fare. The matron, on whom ceaseless pressure is brought to bear to keep down expenses, is never sure of herself if she cannot produce the average cost of boarding each section of her household. Any little luxury which she can legitimately procure for her hard-working staff is apt to appear in the light of an extravagance unless she knows exactly what amount she has to depend on

every week, and can plan her bill of fare to keep within her estimate. In hospitals of moderate size, where the number of medical officers is not large enough to constitute a separate section of the household, the division of the estimates into two distinct sections, for patients and for household, meets all requirements. . But the circumstances under which the patients are fed, some receiving little else than milk, and even the convalescents being rigidly dieted, renders it quite impracticable that any accurate estimates of expenditure can be prepared unless the cost of their board be rigidly severed from that of the staff.

The matron who is once thoroughly convinced of the importance of making and keeping within precise estimates of housekeeping expenditure under separate headings, will deem no pains lost which result in giving her this power over the outgoings and incomings. But those who have never made the attempt are apt greatly to exaggerate in their own minds the difficulty of keeping distinct the cost of the different sections of the institution. The principal requisites are a clear system of accounts, extending to the form in which the tradesmen tender their weekly accounts, and separate larders, or, if this be not possible, a larder capable of being divided into different sections for the reception of provisions for household and patients. The manner in which it works out is as follows. The housekeeper under this system devotes an hour in the early afternoon, after the kitchen dinner is over and all has been tidied up, to making up her requisitions for the ensuing twenty-four hours. She has first to consider what is needed. For the patients there is little difficulty in deciding. The diet sheets have been sent down from the different wards, and the amount of milk, beef tea, fish, meat, vegetables, pudding, etc., required for the night and day is clearly entered on each. A brief calculation places her in possession

of the necessary quantity of rice, of sugar, of eggs for puddings, etc., which will have to be issued to the cook on this account, and the amount of tea and other items needed by each sister for use in the ward kitchen. She can tell to a fraction exactly what the patients are going to consume. Next there is the household, and in hospitals where there is not a large medical staff it will be sufficient to deal with the household requisitions under one heading. What meals will be required? In a hospital of moderate size the following tables will have to be provided for in the twenty-four hours:—

Breakfast for officers, nurses, servants; dinner for night nurses; standing lunches as required; dinner for nurses, servants; luncheon for officers; tea for officers, nurses, servants; dinner for officers; supper for nurses, servants; rations for night nurses.

The housekeeper will have a list of the numbers to be provided for at each meal, and taking them in detail will make her own requisition of the amounts required under the headings supplied in the Uniform System of Accounts. For such items as bread and milk she will count heads and estimate, according to experience, the quantity needed. The cook's assistance will be needed to estimate the quantities, say, for the stewed fruit and custard which is to appear at the officers' dinner, or for the dish of macaroni and cheese which is for the nurses' supper. In estimating the quantities of meat, she will reckon half a pound of uncooked meat a head. Not that this will by any means always be needed, but when bone and waste in cooking are taken into count, it is not safe to provide on a smaller scale.

Finally, when she has formed a clear estimate of her needs for the following day, and combined them all under the headings of Patients and Household on the requisition sheet, she will proceed to make out her orders. There are three sources of supply.

First, there is the contents of the larders. These she will inspect with the cook, and select from the remains of the dinner just ended whatever can be used for the suppers. For instance, if the requisition sheet shows that some forty people have to be provided with a meat supper, she will compute the weight of what is left, and supplement it as required. A clever cook will often be able with half a leg of mutton to compound a savoury stew with a few tomatoes and some spaghetti or rice, which will make a delicious supper for a large party, far more acceptable than a slab of cold meat, and at half the cost. When the cook understands that glory will reflect upon her if the week's average is satisfactory, and that everyone is puzzled and sorry when the figure runs up, she will prove very fertile in inventing all sorts of expedients for using up the remains.

The second source of supply is the tradesman or contractor who delivers each day such perishable provisions as are needed. For each of these a signed order has to be made out, the counterfoils remaining in her own possession showing how much is for patients and how much for household.

Thirdly, the same process is to be gone through on a separate set of orders on the store-room for provisions kept in stock. These she will give out herself in the morning, but, none the less, she will file the orders and keep them for reference.

A good deal of skill is required in weighing out stores, and the custom of measuring by spoonfuls is answerable for much dissatisfaction and waste. If it is necessary to employ an assistant in this work, she should be trained to rigid accuracy. Each transaction should be noted in pencil on a tiny square of paper, stabbed on to a labelled file adjoining each receptacle, so that, for instance, a rapid calculation may be made at any time of the number of pounds of tea which have been used to date. These

memoranda will serve as a check on careless distribution of provisions, which results in much needless expenditure.

The housekeeper's daily requisition sheet, if this order of procedure be followed, shows the exact amount of everything consumed in the institution, under the double entry of Household and Patients. To estimate the weekly cost of board, it is merely necessary to turn each item into money, and this is a question of a few hours' clerical work. In order to facilitate it, the tradesmen—supposing that weekly accounts are rendered, as they ought to be—should be provided with books ruled in double columns so that the quantity and cost of any given article supplied in the week can be seen at a glance.

The regularity demanded by this system does far more than furnish information with regard to the expenditure. It keeps the whole domestic staff on the alert, and the knowledge it imparts concerning the quantities used in the household has the highest educational effect on the housekeeper herself. It is, in fact, an admirable training system, and when it is substituted for the common guesswork and rule of thumb management, it imparts an entirely new element of intelligent interest into duties which, through long routine, are liable to appear dull and unimportant.

The following forms will be found very helpful in preparing the weekly estimate of expenditure.

The procedure of preparing them is somewhat as follows:—

1. A small diet-sheet ¹ is filled up daily by the sister of each ward, on which the diets and extras ordered for each patient are entered.

2. These diet-sheets are combined by the house-

¹ These diet-sheets are in common use in all hospitals and have not therefore been reproduced here.

keeper and entered on a larger diet-sheet,¹ which, when it is filled in, shows the day's diet for all the patients in the hospital.

3. By the help of form No. 2 the housekeeper can now compile her daily requisition form,² which will show in separate columns the quantities required under various items for patients, medical officers, nurses, and house. This requisition form, daily filled up by the housekeeper after inspection of what remains over from the day before, is the hinge upon which the whole system turns, and when the housekeeper has been trained to prepare it with rigid accuracy half the battle of economy is won.

Too much stress cannot be laid upon the importance of this form. The items enumerated will vary naturally according to the requirements of the institution, and may very probably run into a good many more headings than those enumerated. The column relating to patients will be filled in mechanically from the diet-sheet already before the housekeeper. But the three other columns will require, as we have shown, some consideration and planning out. After a few weeks of experience, however, even a weak housekeeper will get a firmer grip on the reins, through this daily dissection of household requirements. We may suggest, for the convenience of such housekeepers as desire to transfer the remains of one table to another, that a note of such transactions should appear at the bottom of this sheet, as, for instance, under "household," might be noted: "cold joints from officers' table, 14 lb." In the succeeding step in the accounts, which we have now to detail, this note would find its due place, and the balance of expenditure be properly adjusted.

We append a specimen form which will be found suitable for this purpose.

¹ See note p. 60.

² See p. 62.

62 THE MATRON: DUTIES AND RESPONSIBILITIES.

Housekeeper's Daily Requisition Sheet.

—		Patients	Medical Officers	Nurses	House
Meat...	... { 1. Beef ... 2. Mutton ... 3. Shin for Beef-tea etc. ...				
Fish ...	... { 1. Ordinary Supplies 2. Soles ... 3. Oysters ...				
Poultry ...	... { 1. Fowls ... 2. Rabbits, etc. ...				
Bread, Flour, etc. ...	... { 1. Bread ... 2. Flour ... 3. Oatmeal ... 4. Cake ...				
Vegetables and Fruit...	... { 1. Potatoes ... 2. Other Vegetables 3. Fruit ...				
Milk and Cream ...	... { 1. Milk ... 2. Cream ...				
Cheese- mongery	{ 1. Butter ... 2. Cheese ... 3. Ham and Bacon...				
Eggs ...	... { 1. Cooking ... 2. New-laid ...				
Grocery ...	... { 1. Tea... 2. Coffee ... 3. Cocoa ... 4. Jams, etc. ...				
Aërated Waters ...	Aërated Waters ...				
Alcohol ...	Various Headings...				

4. From the housekeeper's daily requisitions can now be compiled the weekly summary of diets for the whole hospital. This may be prepared by the steward, secretary, matron, or housekeeper, according to the size of the institution. It gives the amounts consumed under each heading by each section of the household. By means of this form there should be no difficulty in reaching the fifth step, which is to reveal the weekly cost of boarding every member of the household.

5. There are more ways than one of making out the weekly *résumé* of the cost and quantity of provisions bought and consumed. We append the form which is in use in the Royal Free Hospital, and we understand that the preparation of this weekly statement to lay before the Board is about a day's work for one clerk.

CHAPTER VIII.

THE COMMISSARIAT.

THE part which the matron is called on to play with regard to victualling the institution necessarily varies in accordance with its size. In the case of small households it may fall to the matron to supervise the buying and storing of the provisions, as well as their preparation and distribution. It is, however, more usual for the secretary or steward to arrange contracts for provisions under the sanction of the governors and the responsibilities of the matron do not in that case begin until the goods are delivered on the premises.¹

It should be an invariable rule in every household to have each article weighed or measured and carefully inspected on delivery, and no pressure of work should be allowed to interfere with this duty. It greatly facilitates matters when a small room can be set apart for the reception of all goods as they come in, but if this cannot be managed some part of the ordinary store-room must be reserved for the purpose. The housekeeper should herself superintend the inspection whenever it is possible, and even with such operations as weighing bread and meat, which recur daily and must be done immediately, she should make a point of being present

¹ We refer our readers for a more detailed account of the best methods of hospital housekeeping to "Hospital Expenditure: The Commissariat," (Scientific Press.)

occasionally, and should receive a daily report from the officer in charge as to the result. Where there is constant cause for complaint, as happens in many parts of the country with regard to the quality of the bread, for instance, the matron should obtain powers to return the goods to the contractor and purchase elsewhere; there is usually in every contract a clause to this effect which is too often allowed to become a dead letter.

We append information on the price of meat for the benefit of matrons on whom it may devolve to purchase the supplies.

The last ten years have brought about a great change in the attitude of the householder towards "foreign meat." It is not very usual at the present day to meet with people who still believe anæmia and other diseases to be the natural outcome of eating any but British produce, but such alarmists were common enough some years ago, and in large institutions fought desperately against the introduction of frozen meat. The use of New Zealand mutton was often a jealously guarded secret; and the long-standing prejudice against it has only gradually melted away before the indisputable fact that the objectors are exposed to the practical annoyance of being unable to distinguish it from English meat when set before them on the table.

There is a good deal of difference in the price of foreign mutton.

Referring to market prices for the whole sheep at Smithfield, it will be found that under the head of "Frozen Mutton" the buyer has now the choice of three varieties—New Zealand, Australian, and River Plate. Dutch mutton brought over alive ranks as "English killed."

As regards price and quality New Zealand still easily holds the first rank for frozen mutton. The wholesale winter price works out at from 3½d. to 4½d., all according to size and quality. Australian mutton,

the whole sheep, 3d. lb. ; River Plate, 3½d. The contractor, who undertakes the supply of frozen meat to institutions, will, in all probability, draw upon all these supplies. The questions to be considered are whether the authorities appreciate the distinctions in price, and whether they have in their service an official who understands how to distinguish the one kind of meat from the other. Owing to the prevalent ignorance relating to foreign supplies of meat Australian and River Plate mutton are very commonly indeed supplied at the rate of the best New Zealand, to the complete satisfaction of all concerned in the transaction. The attitude of the busy officials responsible for the commissariat, is very generally that, so long as the quality is fairly good, and the price fairly low, nothing more need be expected. This may do very well for the private household, but in the great institution the urgent problem is to get the best possible quality at the lowest possible price; and nothing short of this should satisfy.

If the best New Zealand meat then is contracted for, there should be someone to receive it who can tell it from lower-priced frozen meat. If it is found by experience that the consumers do not know the difference when the lower-priced mutton is substituted let the contract be framed for this class of meat, and because the price is low let stringent precautions be taken in the weighing and ceaseless vigilance be exercised to prevent the inclusion of unsound mutton from other sources. A common defect of this class of mutton is sourness at the edges, and unless carefully hung it will easily take a stale flavour. But, indeed, the same may be said of any kind of meat.

The more closely the meat supply to large institutions is considered the more clear it becomes that the best results, both as regards economy and the comfort of the household, are to be obtained by purchasing the whole carcass. In those institutions where

this is done one of the porters is engaged with the necessary qualifications for cutting the joints, and large premises are not found to be indispensable. A light and airy cellar is used, and a good larder is a *sine quâ non*. Under such a system it is possible to victual the hospital with English mutton of the second grade or with Dutch mutton of excellent quality at from 4½d. to 5d. per lb., and it has been shown that New Zealand and River Plate frozen mutton can be had at the all-round price of from 3d. to 4d. per lb. Vigilant care is needed in the reception of the meat. Moreover, the housekeeper finds her cares are no longer confined to the monotonous task of apportioning to the different tables so many legs of mutton and so many rounds of beef. Her ingenuity will be a little taxed to turn every part of the animal to good account, and the cook will be called on for a corresponding effort in the making of savoury dishes. In the last resort the stock-pot for patients' broth will prove a ready receptacle for odds and ends and obviate any risk of waste.

This is not chimerical. It can be done and is done. We might almost say that to produce a minimum expenditure it must be done.

The hospital or institution household is a very composite one, and must of necessity contain a large proportion of working men and women who are entirely unaccustomed to be fed on slices of roast leg of mutton. They would not only be perfectly contented with haricot, Irish stew, camp pie, and other dishes of the kind; they would in all probability greatly prefer such fare. In fact, the monotony of the stock hospital joints, alternately roast and boiled, weighs on every inmate, from the highest to the lowest, even when the meat is well chosen, well hung, well cooked, and well carved. When any of these four points gives way, when the meat is coarse, too fresh, over or under cooked, or wrenched off the joint in jagged lumps, its appearance on the plates is discouraging to the most

eager appetite. Probably a cheap, well-made stew would be welcomed as a delightful variety at every table.

When all has been done that can be done in the steward's department to ensure the delivery of good, sound meat to the institution, the part played by the cook is, after all, by far the most important.

Take the most expensive meat you can get from the highest-priced butcher, and an ignorant cook will make it uneatable by a turn of her hand. Take, on the contrary, the cheapest frozen meat, and, if it be perfectly sound and well hung, a clever cook will produce from it a dish fit for an epicure.

The moral then is that for the carrying out of any system of minimum expenditure, a well-paid and well-taught cook is an absolute necessity. In large institutions to pay an extra £30 or £40 a year and secure a cook who really understands her business may result in saving ten times that amount in the end. Everyone in the institution is working at high pressure, and it is essential that the food set before them shall be light, nourishing, and easily digested. The ordinary plain cook as she figures in institution housekeeping has no conception about food values or meat prices, or the effect on the materials she uses, produced by the processes to which she subjects them. And the ordinary matron has, it may be feared, even less knowledge of such things than the ordinary cook.

Contracting for the whole sheep, and exercising ordinary care in its reception and preparation, a saving of from 1d. to 2d. per lb. in the cost of mutton is effected in many institutions where the commissariat is beyond reproach. Something like 30,000 lb. of mutton will be consumed in a year in even a moderate-sized hospital, and it will not be denied that the £250 which might often be saved over this one article would be worth taking a little trouble to secure.

70 THE MATRON: DUTIES AND RESPONSIBILITIES.

CENTRAL MEAT MARKET, SMITHFIELD, LONDON.

(These quotations are Smithfield stone of 8 lbs.)

MUTTON.

Description					Sept. 5			
					s.	d.	s.	d.
Scotch	...	...	...	...	5	0	to	5 4
English	...	...	...	...	4	4	„	5 0
Ewes	...	...	...	...	3	4	„	3 8
Dutch	...	...	...	...	4	4	„	4 8
New Zealand (Frozen)	...	...	...	...	2	5	„	3 0
New Zealand Ewes	...	...	...	...	1	11	„	2 1
Australian	...	...	...	...	1	11	„	2 1
River Plate	...	...	...	...	2	0	„	2 2

LAMB.

Scotch	...	...	...	...	5	0	„	5 4
Scotch (Seconds)	...	...	...	...	4	0	„	4 4
English	...	...	...	...	4	8	„	5 2
Dutch	...	...	...	...	4	6	„	5 0
New Zealand	...	...	...	...	3	4	„	3 7
Australian	...	...	...	...	3	3	„	3 5

The wholesale all-round price at the present time ranges, it will be seen, from 8d. to 5d. for English, Scotch, or Dutch mutton, and from 4½d. to 3d. for frozen mutton.

Thus it appears that there is nearly as much distinction according to quality in home-grown mutton between the best quality and the coarse-fibred meat, as there is between English and foreign. And as all these variations in price take their rise from well understood gradations in the flavour and quality of the meat when sent to table, it would appear that better results may be expected from good frozen meat than from the old ewes and "heavy" mutton which the contractor is compelled to furnish when he is limited to English supplies at a low price.

From the institution point of view beef is an article of almost equal importance to mutton. In considering its price it falls under the distinct headings of

joints for roasting and boiling, and shin for making beef-tea.

It is noteworthy that the widest variation exists with regard to the price of shin of beef. Some time ago it was discovered that the following prices per stone of 14 lb. were being paid in London by the different Poor-law Infirmaries for this article: 2s. 11d., 3s. 2½d., 3s. 11d., 4s. 5d., 4s. 10d., 5s. 6½d., 5s. 11¾d., 6s. 0½d., 6s. 5d., 7s. 0½d., 8s. 2d.

These variations, extending between 2½d. and 7d. per lb., are due to the variety of meat which is to be had, and we cannot better illustrate that variety than by quoting the summer prices from the Central Meat Market, Smithfield, for the "Smithfield stone of 8 lb.":—

Description	BEEF.				Sept. 5	
					s. d.	s. d.
Scotch short sides	4	4	to 4 8
Scotch long sides	4	0	„ 4 4
English	3	7	„ 3 11
Cows and Bulls	2	4	„ 3 4
American and Canadian (Deptford killed)	3	8	„ 4 0
American and Canadian (Birkenhead killed)	3	7	„ 3 10
Canadian Ranchers	2	11	„ 3 3
American Refrig. Hind-qrs.	3	11	„ 4 3
American Refrig. Fore-qrs.	2	7	„ 2 9
River Plate Chilled, Hind-qrs.	3	4	„ 3 6
River Plate Chilled, Fore-qrs.	2	2	„ 2 3
River Plate Frozen, Hind-qrs.	2	6	„ 2 7
River Plate Frozen, Fore-qrs.	1	9	„ 1 10
Australian Frozen, Hind-qrs.	2	6	„ 2 7
Australian Frozen, Fore-qrs.	1	9	„ 1 10
New Zealand Frozen, Hind-qrs.	2	6	„ 2 8
New Zealand Frozen, Fore-qrs.	1	10	„ —

There are several points worthy of remark in this list of prices, although, of course, being quotations for beef in bulk, they do not indicate the average price

of certain joints. It will surprise many people to see that the price of the best American refrigerated beef is higher than that of ordinary English beef. The increase in our outside sources of supply is noticeable, and the varying quality of what is sometimes ignorantly classed all together as "foreign meat," is plainly to be seen by the price it can command.

To ensure a high standard of quality with the lowest standard of price in the supply of beef we must again repeat that knowledge and inspection must go hand-in-hand. The contract should be half-yearly, and should specify the particular joints likely to be needed, with separate prices. It is of the utmost importance that the class of meat required should be specified by name, and that the beef should be under the daily inspection of a trained official able to distinguish unerringly one kind from another.

A low contract for English beef may easily degenerate into the supply of bull or cow-beef, too coarse and tough to be suitable for roasting. A low contract for foreign meat may yield a rich harvest to the contractor, who is permitted to supply Australian beef at a price which may satisfy the managers with a sense of economy, but which is in reality double the market quotation.

The only guide to economy is to test the beef from the various sources of supply—not once, but several times—until a satisfactory standard of quality has been decided on, to ascertain then from independent sources its market value, and to contract for its supply in accordance with facts. The co-operation of a clever housekeeper will be indispensable in carrying out experiments before the contract is decided on, and the inspection we have already indicated is an essential feature in maintaining the standard.

Glancing back once more at Smithfield prices, it will be seen that the price of Australian beef is exactly half that of the best English. The ordinary contract price for English ribs of beef would be 7d.

per lb. ; for the same joint Australian, it should not be more than 3½d.

Now there is every probability that supplies of frozen meat which are able to command so low a price in the market, although perfectly sound and not deficient in food value, will be found very unsuitable for the hospital table after they have been subjected to the oven process, which passes at the present day for roasting. The writer would be very sorry to be thought to recommend them. But what security does the institution possess that this quality of meat is not supplied in place of chilled beef or the best frozen meat, or even the best Scotch? It may notoriously be often seen in the shops of expensive butchers figuring at a shilling a pound, for there is perhaps no trade in which the easy maxim of *caveat emptor* is more generally acted on by the seller. The only possible way in which the buyer can beware is by learning to know the difference, and until there is one person at least in the institution who does know it, these households will continue to suffer from the standing grievance of tough meat.

Investigations carried out some years ago with regard to the food value of beef-tea, made with the cheapest foreign and best English meat respectively, proved to the satisfaction of all concerned in them that the foreign meat presented no disadvantages from this point of view. We have, therefore, no hesitation in recommending the cheap Australian or River Plate shin of beef for the preparation of beef-tea. It is noteworthy that in some hospitals as low a price as 2¾d. per lb. is paid for shin of beef, while in others it is contracted for at from 4d. to 6d. per lb.

Although dealing with beef in bulk cannot be attempted in a general way, it would, we may suggest, be to the advantage of large institutions in which several hundred pints of beef-tea are required every week, to contract for a forequarter of beef weekly. Roughly speaking, the forequarter from which the

shin is cut weighs about 2 cwt. Of this amount about 1 cwt. would cut up into joints, ribs, and brisket, very suitable for stewing and braising, in which latter form, especially, it would prove very palatable and easy of digestion. The remaining hundredweight, including about 15 lb. of bone, would be available for beef-tea. The cost would work out somewhat as follows:—

Two hundredweight of beef, at, say, 2s. per stone, allowing for expenses of delivery, will cost £2 16s. Of this one hundredweight will cut into joints worth, at the lowest computation, 4d. per lb., or £1 17s. 4d. in all. The remaining 9s. 4d. brings the cost of the hundredweight of shin to exactly 2d. a lb., including the bone which, however, if used as it should be in the preparation of the beef-tea, would not be wasted. The difficulties in the way of cutting up the meat are often much exaggerated. A dexterous man would manage it in the course of an hour, and would need only an ordinary meat block, saw, and hatchet. The very large extent to which beef-tea is used in hospitals renders it a matter of obvious importance to secure a cheap source of supply for its preparation.

The matron is not herself responsible for the diets provided for the patients; but she is responsible for the condition in which these diets are served, and it is very necessary that she should personally superintend the manner in which the patients are fed. She should visit the wards from time to time during meal times, and without any undue fussiness she should take notice whether the food is left on the plates, whether it is served cold or is in any way unappetising, and should consult with the sister of the ward with a view to making alterations if necessary. In hospitals unprovided with modern apparatus for keeping the dinners hot on the way from the kitchen there is often great difficulty in this direction. But if the matron is known to lay stress upon the patients getting their meals served nicely

the probability is that this will be done. The reputation of a hospital in small country towns is often affected by the quality of the meals more than is generally supposed, and it is only fair to the patients to take some pains to see that they receive all that is ordered for them served to the best advantage.

The arrangement of meals for the hospital household is exceedingly complicated, and the preliminary step of settling the time-table is by no means an easy one. We quote an example from a medium-sized hospital where the nursing staff numbers about 50.

Meals Served Daily.

Hour	For Whom	Approximate Number
6.40 a.m.	First nurses' breakfast	26
7.40 a.m.	Second sisters' breakfast, quarters' maids breakfast	10, 4
7.30 a.m.	Servants' hall breakfast	10
8 a.m.	Porters' mess	4
8 a.m.	Steward's breakfast, housekeeper's breakfast..	2
9 a.m.	First dinner (night nurses)	12
11.30 a.m.	Patients' dinners	About 110
	Second dinner (Sisters and nurses)	20
12.0	First men's mess-room dinner	9
	Dispensary porter, gate boy	2
12.30 p.m.	Doctors' luncheon	6
	Third dinner (nurses), steward's mess	2, 4
1 p.m.	Trays to secretary and dispenser, and sundry rations	11
1.15 p.m.	Servants' hall	9
4 to 5 p.m.	Teas for secretary, office, mess-room, and servants' hall	25
7 p.m.	Doctors' dinners	5
8 p.m.	First nurses' supper	26
8.40 p.m.	Second nurses' supper, quarters' maids supper	23, 4
8 p.m.	Servants' hall, porters' suppers	15
	Total	359

This table includes only the meals supplied from the kitchen. Teas for the patients and nurses and breakfast for the patients supplied from the ward kitchens do not fall under this heading. But these must of course be included in the housekeeper's

requisition-sheet, so that the necessary supplies may be issued.

There is very just complaint in hospitals against the constraint and discomfort which too commonly reigns during meals. It is entirely within the matron's power to make these gatherings a time of refreshment both to mind and body, but to this end she must take a little trouble. The usual practice of having one long bare table is bad. It checks conversation in all but inveterate talkers, and those who must come in late or leave early lend an air of hurry and makeshift to the meal. The tables should be separated and laid for not more than eight or ten. Where the numbers are not large, two tables with six at each is a far more sociable arrangement than one with twelve, and the waiting is rather facilitated than otherwise. The matron presides at the sisters' table and appoints a sister to preside at each of the others. A separate table is provided for those whose meal-time may not quite coincide with the rest, and hot-water plates with covers are served for those who are delayed by their duties.

It is of the greatest importance that the food provided should be light and easily digested. Articles of diet which make a great strain upon the digestive organs should be either altogether avoided, or should be served with an alternative. Such dishes, for instance, as salt beef and roast pork, are not suitable even for people with good digestions, when they must leave the table to go back at once to hard work. The matron may possibly not be able to have her own way altogether as regards the supplies. She may have to make the best of hard beef and tough mutton, but she will find a way out of the difficulty if she consults a good cookery-book. Beef, which is almost uneatable when baked till it is dry and hard in the usual way, can be made into a delicious dish when braised, and the toughest mutton will make excellent haricot. On the whole too much meat is generally provided in

proportion to other forms of nourishment, regardless of its unsuitability as the principal article of diet for persons engaged in hard work. Dr. Chittenden's recent experiments tend to show that a gain in muscular power and a freshening of the mental faculties result from reducing the daily intake of proteid food by half, and this is the general experience of all who have fairly tried a lighter form of diet. It is not monotony which is so much to be dreaded in the hospital bill of fare as indigestion. But monotony too can be avoided if the matron will think out six or eight forms of menu and bear seasonal changes in view. Variety is too dearly purchased, however, when it is attained at the sacrifice of food value, and a slice of cold meat, however uninteresting, makes a more satisfactory supper for a busy woman than tinned salmon or potted shrimps. Too much stress cannot be laid on the importance of good carving; and since no matron is possessed of all the gifts, she will do well, if she is not herself a proficient in this art, to delegate it to a skilled hand among the staff. It is better that the carving should be done in the room. It is very usual indeed to hear nurses complain that they cannot tell what they are eating, as there is never any difference between the beef and mutton, and the same remark may often be heard at hotels and restaurants, showing how large a part imagination plays in the sense of taste. Hence the advantage to the appetite of actually seeing the joint carved. It is not our purpose to suggest in this place any particular form of dietary. Luxuries are not needed, although plenty of sweet things—treacle, jam, and marmalade—are a necessity for persons engaged in manual labour. But if the staff is to be maintained in the best possible condition as regards their work the matron must take pains to see that the food provided is well cooked, well served, well carved, and eaten in an atmosphere of serenity and order.

CHAPTER IX.

BEDDING AND LINEN.

No branch of hospital work demands more careful attention to detail than this. But to the really domestic mind the linen cupboard is a source of continual gratification, and the duties which it entails are a pleasant refuge from harassing cares.

It is among the early duties of the matron on her appointment to make herself acquainted with the condition of the bedding and house linen, and check it through with the inventory. Should there be no inventory she should have one compiled without delay, and should set herself systematically and by degrees to make good deficiencies. It is a great mistake for a new matron to start with a sense of contempt for the makeshifts of her predecessor. She is not compelled to adopt them, but she will often herself be reduced to make contrivances, and may come in time to realise that it is quite easy to do without much which she has learnt to consider absolutely indispensable. But with tact and in time she ought to succeed in bringing this whole department to a high standard of efficiency, and in demonstrating that the truest economy lies in having enough and to spare.

Hair-mattresses, five or six inches thick, on wire-sprung mattresses are usually provided for the patients' use, and it will be found an economy, should space permit, to have these re-made on the premises. The covers need washing not only after bad cases but

periodically, and the hair must be disinfected and teased before the mattresses are remade. The hair bolsters, and feather or flock-pillows, too, need constant attention, and it is more satisfactory, as well as more economical, to employ an upholstress to work by the day than to send these articles out to be repaired. A supply of extra pillows, bolsters, and mattresses must be available for each ward and ready of access. The following average supply of linen should be found sufficient for all purposes, though in surgical and in children's wards a further supply of draw-sheets may be necessary.

<i>Per Bed.</i>	<i>Per Ward (24 to 30 beds).</i>
4 Sheets.	24 Doctors' towels.
3 Draw-sheets.	12 Basin cloths.
3 Blankets.	12 Bedpan cloths.
1 Counterpane or quilt.	12 Teacloths.
3 Pillow-cases.	12 Roller-towels.
	12 Dusters.
	4 Tablecloths.

The sheets are best made of good unbleached linen sheeting, and with proper treatment they should last six years before being cut up to recommence their career as draw-sheets. They should be stamped at the top and bottom and in the middle with the date and number of the ward. The sister of each ward is responsible for the order in which her linen cupboard is kept and should herself keep the key and give out what is wanted. When these cupboards are not kept locked there is continual coming and going to get necessary articles and the sister can never be sure what she has in stock. Constant supervision on the part of the matron is required to ensure that the linen is fairly used and always in good condition. In purchasing cloths for the ward there should be care to choose a conspicuous difference in pattern among those required for distinct purposes, so that they are never confused one with another. At least

twice a year there must be a stock-taking or review of the linen in each ward, when the list is gone through and checked with the sister. One of these occasions will be at the time of the annual cleaning, when the ward is closed, and every deficiency should then be made good, worn articles removed, and new ones supplied. Old quilts and blankets make excellent material for use instead of house-flannel, and there are many ways in which the old linen may be turned to account. Most of the bandages used in Paris hospitals are prepared by old women from the almshouses out of the disused bed-linen and other articles in these establishments, and when all has been turned to account a sum of from 40,000 frs. to 50,000 frs. is made every year by selling the rags which are left over. It is certain that much more could be done in English hospitals to turn waste materials to good account than is often attempted.

A separate linen-cupboard must be assigned to the nurses' home or nurses' quarters. The usual allowance to each bed is four sheets, four blankets, two pillow-cases, four towels, with counterpane and toilet cover. The allowance for servants' rooms is the same.

In addition to the linen used in the nurses quarters, an amount varying according to the size of the institution will be required for general use. It is these articles, often indiscriminately used in the kitchen and offices, which are most liable to get lost or misused, and it is very necessary that their destination should be clearly defined, and that they should not only be given out but given in under system. The matron or her delegate should give out on Saturday morning the linen for the week from a list of requisitions, and should hold the head housemaid responsible for checking through with this list all the soiled articles before they are sent to the wash. Kitchen cloths and such articles as towels for out-patients and

lavatories should be given out and collected daily. Two tablecloths a week should be allowed to each table, including the kitchen, and care should be taken that they are neatly folded in the same creases and kept distinct. It avoids confusion to keep them, when not in use, in the table drawers to which they belong, and they should never on any account be allowed to remain on the table all night. When the carving is done at table a napkin should be placed under the dish and an extra napkin should be available in the event of stains appearing on a clean cloth. These trifles, too often neglected, are of considerable importance in keeping up a bright appearance at meals, and the housemaid's pride in a well-kept table is a very different thing to the weary contempt with which a soiled and crumpled cloth will be flung on crooked. It is certain that clean scrubbed deal would make a more appetising background to a meal than the neglected and untidy table garniture in some institutions. When napkins are provided—a point which we venture to think is of small importance compared with general smartness—they should be kept in numbered rings, and, if possible, in the table-drawers.

The making and mending of linen is a process never ending. In large institutions where there is a properly-fitted linen-room with a linen-room maid attached, it is comparatively simple. But this is the exception rather than the rule, and the matron may often be compelled to depend on odds-and-ends of time contributed by persons with other duties. She must appoint a competent person to give out all articles to be mended or made, with the necessary supplies of cotton, tape, buttons, etc., and examine every completed article before it is passed into use. When there is more to be done than the staff can cope with, the matron will find plain needlework eagerly undertaken by outside workers in connection with some of the parochial organisations. Under proper regulations this kind of work can be

done equally well by the piece, and when the cost of boarding and housing, and the narrow limits of space in the institution are taken into consideration, this arrangement will appear to combine both economy and convenience.

The outlay on bedding and linen must necessarily vary from year to year. A linen book should be kept in which all additions are entered, with a memorandum of what is from time to time discarded, and this should be available for reference as to the expenditure of the year.

CHAPTER X.

ECONOMY IN LAUNDRY AND HOUSEHOLD.

It is important to have a competent head laundry-maid to control the laundry work, and it is far better economy to pay good wages and secure a trustworthy woman than to depend on cheap labour. The financial success of the home laundry depends first on the engine-room, secondly on the organisation of the work, and thirdly on the supervision of materials. With the engine-room we are not in this place concerned, for it is not probable that it will fall to the matron's lot to superintend this department. But however competent the head of the laundry may prove, the control of the staff and of the materials used should not be allowed to pass out of the matron's hands. A very common mistake into which the institution may drift unaware is to employ too many hands in proportion to the work executed. The ordinary laundry hours are 10 hours a day and five on Saturday, and it ought to be possible to get through an average of 1,000 pieces a week for each woman employed. This supposes the use of the ordinary mechanical appliances found in modern laundries. Each woman's work should be strictly defined, and a list containing the duties to be done every day in the week should be compiled by the aid of the head laundry-maid, and after due trial should be regularly adhered to, each woman receiving a copy of her own orders.

We quote a specimen day in a hospital laundry where two resident laundry-maids and four women by the day are employed.

Monday.

No. 1 Laundress.—Books; sort doctors' washing; help sort nurses' washing; afternoon, drying table-linen and aprons.

No. 2 Laundress.—Sweep and dust laundry every morning; make beds and tidy laundresses' room; help sort nurses' washing; afternoon, drying with laundress No. 1.

Women.—No. 1.—Sort house and nurses' linen; mangling.

No. 2.—Fold ward work; drying ward work till noon; fold ward work and nurses' aprons; take books to wards every night 6.45.

No. 3.—Sort ward work every morning; wash flannels, etc.; starch table linen.

No. 4.—Drying morning; folding ward work for the rest of the day.

The quantity of soap, soda, etc., for the laundry should be issued once a week to the head laundry-maid, and what is not in immediate use she should keep locked up. The amount required will vary slightly from week to week, and much will depend on the quality of the soap in use. An inferior quality contains an undue proportion of water, and is hence very wasteful. There can be no doubt that the standard of work done in the laundry will correspond to the interest taken in it by the matron, and her own knowledge of what can and ought to be achieved. Her inspection will be valuable in proportion to her appreciation of the difficulties to be overcome, and her criticism will be more sensibly felt if her approbation of good work is sometimes cordially expressed.

The items of cleaning and chandlery, and of hardware, brushes, crockery, etc., are each responsible under their respective headings in the Uniform System of Accounts for expenditure, varying

between 15s. and 25s. per available bed. These articles, cheap, in common use, and under the control of subordinate workers, are peculiarly exposed to the danger of waste. Many housekeepers hardly attempt any check in this direction. Their maxim is that "servants must have what they want for cleaning purposes," and they are thus left with only the empty resource of grumbling when waste occurs. It is certainly very bad policy to be suspicious and grudging in the issue of necessary stores, but it is quite possible in a household where week by week the same amount of cleaning has to be gone through, to arrive at a reasonable average of requisites for the purpose, and until this average has been ascertained, no real control can be exercised. The housekeeper must find out for herself by consultation with trustworthy subordinates what is a fair allowance, and must issue to each person individually her own share. The mere fact of receiving from the hands of the housekeeper once a week a given weight of soda or soap for her own use impresses the worker with the value of the article and gives a sense of being trusted, altogether thrown away when all use from a common stock. A girl grows to understand under this system that she will get credit for care and will soon develop the sense of responsibility which distinguishes the trained from the untrained servant. The housekeeper must see that each one has a shelf allotted to her for her own materials and proper receptacles to hold them, and will be well rewarded for attention to these little details by the saving effected. She should point out the importance of saving in little things when occasion serves, and the fact that waste in a hospital is waste of money given for the poor.

We quote a list of such stores "to be given out by the housekeeper every Friday" as it has come under our hands by the courtesy of the matron who compiled it.

	Kitchen.	Housemaid.	Doctor's-maid.	Kitchen-maid.	Four Yard Porters (each).	Engineer.	Museum Boy.	Four Ward Scrubbers by Forewoman.	Total.
Soda (lb.)	20	1	1	—	—	—	3	25	49 lb.
Soap, yellow (3-lb. bars) ..	2½	1½	1½	—	—	2½	3	3	9 bars
Sanitas (1-lb. bars) ..	—	—	1½	1	1	1	—	—	4½
Hudson's (1-lb. pkt.) ..	2	1	1	1	—	—	1	—	5
Monkey soap (cake) ..	1	1	1	1	—	—	—	—	3
Tapers	3	—	1	—	—	—	1	—	3
Matches (small boxes) ..	4	3	12	2	2	6	3	—	32
House flannels ..	1½	†	†	—	—	—	—	4	5½
Emery cloth (sheets) ..	1	1	1	2	—	†	1	—	6
Blacklead (pkts.) ..	2	2	2	—	—	—	—	—	6
Etc., etc. . . .	—	—	—	—	—	—	—	—	—

* Occasionally.

† As required.

‡ If required.

This list does not of course exhaust either the list of materials or of those to whom they are distributed, but is inserted as a sample of the careful estimates which tend to economy. A similar list of requirements is made out for all the wards according to size, and the matron is by this means enabled to tell at a glance exactly what has been used, by whom and for what purpose out of even such elusive articles as matches and tapers.

It is necessary to keep the stock of brushes and brooms under constant inspection to see that they are in proper condition and renewed when they are worn out, and the housekeeper should not omit to check them over at least once a month in each ward and in the kitchen premises. The worn-out article should in every case be produced before a new one is issued. The following should be the ward stock of brooms and brushes:—Two long-handled brooms, feather broom, soft-haired broom, set of stove brushes, set of shoe brushes, pail brush, sweep brush, two small dusting brooms.

An important feature in the smooth working of an institution is the store-room, in which a stock of all articles commonly used is kept in reserve. It is always better in a regular household to limit

the number of breakable articles in use to the number actually required, with one or two over, but it is very undesirable to be obliged to send out to buy whenever a tumbler or cup is broken, and even in the smallest household the housekeeper must have reserves. The stock-room should be used for no other purpose, and the key should be retained by the matron or her delegate, who should supply goods only on orders signed by the Sister of the ward or other authority, and initialled by the matron. A stock-book, containing an inventory of all the articles, should be kept and nothing should be allowed to run quite out of stock. Once a quarter or twice a year, as may be found convenient, the stock should be replenished.

There is a great difference in the amount of things worn out and broken as between one ward and another, and nothing quickens the sense of responsibility better than to bring this under notice by a regular system of reports. The report which should be circulated at regular intervals is compiled from the signed requisitions for household articles described above. The report would be somewhat as follows, specifying merely the articles issued during the previous quarter and by whom requisitioned:—

Quarter ending.....

—	Sister.	Sister.	Sister.	Sister.	Total.
Tumblers					
Feeding-cups					
Basins					
Teapots					
Plates					
Brooms					
Gas globes					
Etc., etc.					

Thus, without any complaint or unpleasantness, merely in the ordinary course of business, the sins of the lax sister are made public, and a spirit of carefulness is infused into each ward.

CHAPTER XI.

FUEL AND LIGHT.

It is not probable that the matron will be called on to decide the vexed questions of how best to warm and light the institution. Nor is it possible within the narrow limits of this article to enter upon these important matters. But, except in very large establishments, it will fall to the matron's share to control the use of the appointed means and get the best possible results out of the system in force, however faulty she may consider it.

With regard to fuel, vigilance is required from the very beginning to ensure that the quantity of coal delivered corresponds with the invoice, and this is a point often neglected. Sacks must be counted and one occasionally weighed; with truck loads the weight must be tested and careful watch must be exercised to provide that the coal is of the quality contracted for and that it is not delivered wet or with an undue proportion of coal dust. These precautions may tell for many pounds in the year in large transactions. A good padlock should be affixed to the coal-cellar and the supplies must be given out once a day under the superintendence of the head porter or some trustworthy official, and the key then restored to the housekeeper. The hard coal for the engine-room should be kept in a separate cellar and the engineer's coal bunk should be replenished daily instead of his being allowed to use from the main supply.

As has been many times reiterated, the only way to control is to know. It is impossible to check the consumption of coal in either a large or a small household without knowing how much should be burnt in each grate and in the engine-room for a given number of hours. The housekeeper must then set herself to find out what weight of coal will suffice to keep in each part of the establishment a good fire going as long as it is needed, and having made out a list of requirements, based on a liberal rather than a stingy scale, should let the porter have a copy, with such daily modifications as may occur, and see that the correct amount is consigned to the right place every morning. It will not, of course, be found necessary to weigh it over. The capacity of the coal-boxes in proportion to weight being once ascertained the weight of coal issued every morning, less the surplus from the previous day, will be entered by the housekeeper in a book kept for that purpose, and she will thus know from week to week what amount of coal is consumed on the premises. In mild weather less should be used. In very severe weather the supplies may be increased. The stoking of fires should not be left to chance. There should not be a roaring furnace which no one can approach alternating with a black and smouldering mass. The fires should be made up at regular intervals through the day and this duty should be entered as it recurs on the timetable of the person responsible, in each part of the house and in each ward. If the fire is never let low an equable heat will be diffused throughout the room with far less expenditure of fuel than is required by the spasmodic process of piling half a hundred-weight of coal on at a time. The housekeeper must not think it beneath her notice to bring even the fires under discipline. If she has to deal with an inferior quality of coal a little well-broken coke will help to build up bright fires, and the removal of ashes twice a day must be sedulously attended

to. The good housekeeper has better resources than grumbling when compelled to use bad instruments; for they do but move her to the exercise of greater ingenuity in order to attain her end.

The wood for kindling should be issued daily or once a week, according as accommodation serves and the housekeeper should know how many sticks are needed to light a fire with the coal in use.

On the intricacies of hot air and hot water heating we cannot here enter. Gas fires are not an economy if the cost of the gas is balanced against the cost of the coal consumed. But they are an economy of labour, and they are exceedingly useful in waiting-rooms or places where a fire is only needed for an hour or two occasionally. They need more attention than is generally supposed if they are to be satisfactory. The burners must be constantly inspected and kept scrupulously clean, and the asbestos must be relaid and renewed from time to time. Gas fires, too, are very subject to small leakages which are not only injurious to health but also a source of considerable waste. On the whole, where they are in use it is wiser to let a gas-fitter overhaul them twice a year. The same remarks apply to gas-cooking stoves, which, unless kept in perfect order are expensive and unsatisfactory. The cost of regular inspection is repaid a hundred fold.

There is no form of lighting which does not demand incessant watchfulness on the part of the housekeeper. Gas is still the commonest form of lighting in institutions although it vitiates the air and defiles the ceilings and is thus very troublesome for indoor use. Much may be done by the aid of incandescence burners to minimise these disadvantages, and with a housekeeper who will herself superintend the renewal of the mantles this form of lighting should prove perfectly satisfactory. The faint smell of gas which is often perceptible in places where by-passes are in use should be

regarded as a symptom of something wrong and should be at once attended to. Scrupulous cleanliness is essential. Globes and chimneys must be washed every week and any spot above the burner which catches smoke must receive frequent attention. Incandescent light is not very good for reading or needlework unless shaded and placed at not too great a distance from the eyes. When community sitting-rooms are lighted as so often happens in the centre from the ceiling a great strain is put on the eyes, but the matron may do much to relieve the glare with softly-tinted globes and should supplement the light with two or three ordinary paraffin reading lamps. An air of comfort would thus be diffused at the smallest possible expenditure and with little trouble. The windows should at no time be altogether closed in rooms lighted by gas. Separate meters should be fixed to the nurses' quarters, medical officers' quarters, kitchen premises, and hospital building. The housekeeper must take a daily reading of the meters, and can thus tell from day to day should the gas be improperly used for warming bedrooms or left on when not required. There should be regular hours for turning it off and on at the meter, and the housekeeper, in her morning inspection of all the rooms, must note whether each tap is properly turned off, or dangerous escapes may take place. Much discomfort is avoided if the gas-jets on staircases or passages used at night are connected to a separate meter.

The use of electric light relieves many anxieties, but it does not dispense with the necessity for care in little things. The meter readings must be entered daily, as in the case of gas, and the globes must be washed once a week. The renewal of lamps, which should be done when they burn red and not be delayed till they become extinct, becomes one of the housekeeper's regular cares. Naked lamps are best for use on staircases and in passages,

but for rooms ground glass is much to be preferred. The same mistakes which have been commented on with regard to ceiling lights in gas are frequently, and with less excuse, committed in sitting-rooms fitted with electric light. In this case, however, it is very easy to connect reading-lamps by cords from the centre, and the advantages to eyesight and comfort are so striking that the matron will not find it difficult to get this trifling alteration carried out. It frequently happens when electric light is newly installed that mistakes are made in the wiring: two lights, for instance, placed where, by studying turnings, one might have sufficed, some dark stair omitted, or the light awkwardly situated with regard to work necessary to be carried on in the room. It is far better economy when deficiencies of these kinds are observed to pay for alterations rather than wear out the sight of the staff or expose them to perpetual inconvenience. A little expenditure on automatic attachments to the lavatories is soon repaid.

In some parts of the country, but in few large hospitals, the use of paraffin lamps still survives, and, unwelcome as this form of lighting may be to the matron, she may take heart from knowing that it is the least expensive form of lighting, and that its efficiency depends entirely on herself. The old-fashioned notion that servants cannot be trusted to keep lamps in good order must be dismissed altogether. It is housemaids' work, and any young woman of ordinary intelligence can be taught to do it as well as it can possibly be done. To this end the matron must arrange a place where the work can be done undisturbed, without hurry, and with proper appliances. It must be the duty of one person, who must be thoroughly instructed and encouraged to take special pride in this branch of her work. There must be constant inspection, rigid cleanliness, wholesome praise when all is well, and help in overcoming difficulties when things go wrong. Good lamps and the best oil must be pro-

cured, and burners must be renewed from time to time. With these precautions the lamps will neither smoke nor be offensive to the smell, and if a sufficient number are used the absence of gas and electricity need cause discomfort to no one. Too commonly, however, oil lamps are fixed with the greatest parsimony, and passages are often left in complete darkness which would as a matter of course be provided with a gas jet or electric burner if the system of lighting were changed.

Light and warmth are two large factors in the well-being of an institution, and the methods employed to produce them are large factors in hospital expenditure. Let it not be thought that the details enumerated above are too trifling to engage the matron's attention. In the great hospitals, where the minutest leakage in expenditure is reflected with startling effect in the bills, precautions against waste in light and fuel are adopted as a matter of course. It is in smaller establishments that a lax system is often in vogue. The matron, on whom the responsibility of these matters comes to rest, must not be contented merely with economy. She must aim at getting the maximum quantity of light and warmth for her household which the means at her disposal will permit, and unremitting attention to detail is the only road to success.

CHAPTER XII.

SECRETARIAL DUTIES.

OFFICE work is a great strain upon the matron, demanding as it does in the midst of a round of practical duties, a period of impossible abstraction. The brain fatigue involved in writing important letters in the midst of constant interruption often produces a painful irritability which settles into a dull sense of being always in arrears, and takes all the zest out of the work. Much can be done by system to ease this strain, but it is idle to pretend that it can be altogether removed.

At least half an hour should be set aside immediately after breakfast for opening letters, however insistent other claims may be. Appointments should be noted in the rough diary kept for that purpose, money enclosures verified and locked away, any urgent letter answered, and the rest set aside to be dealt with later on. The main business of correspondence, entries in books, and accounts, should be reserved for an hour when interruption will be the exception rather than the rule, and this hour is not likely to be found in the morning. It is far better to surrender the mind without reserve during the stress of the day to those who must depend upon the head for directions. In the afternoon the matron cannot avoid being subject to the inroad of visitors, and must be ready to see the visiting surgeons or physicians if they come to the office. But by five or six o'clock outside inter-

ruptions have ceased, the great machine within the walls should be working smoothly, and she may hope to secure the undisturbed hour which will make concentration possible. Receipts for money received should be first attended to, and in addition to the amount received the date and name, and address to which the receipt has been sent, should be entered on the counterfoil. Applications for forms, inquiries relating to nurses, and requests for appointments should next receive attention, and, if possible, be cleared up each day as they arise. Lastly will come letters demanding consideration. In the event of any letter containing matter which it is thought advisable to bring before the committee, or which involves consultation or inquiry, it is desirable to send a courteous acknowledgment with an intimation that a further reply will follow, for nothing more readily brings discredit upon an institution than undue delay in acknowledging communications received. All important letters should be written in copying ink and an impression taken by means of the copying-press, which should find a place in every office. It is wiser to destroy no letter received on the spur of the moment. Each one should be stamped as attended to with a rubber stamp fitted with movable date. Letters of any importance should find a place in an alphabetically-lettered file kept in a proper case. Re-fills can be obtained at small cost bound in cardboard with straps and labels, and the files should be numbered and stored away when full for reference. It is better to err on the side of keeping too much than keeping too little, and every three or five years the old files can safely be destroyed. But a vast amount of matter relating to daily engagements will pass through the matron's hands which it can serve no good purpose to preserve except for a day or two. It is a good plan to file all such miscellaneous communications together on a spike and destroy what is not wanted

once a week, for it is often very puzzling to tell at first sight what will and what will not be wanted again. All receipts should of course be filed away together and even for the smallest payments some receipt should be forthcoming.

It is well not to answer any letter which is rude or worrying on the day when it is received unless it is of an urgent character. Expressions which seem wilfully impertinent on a first reading may appear when read through again to be merely due to ignorance or hurry. In no case should a rude letter affect the character of the reply, unless it be to induce a tone of rather extra courtesy.

We have already recommended that the matron if on her appointment she has no practical knowledge of book-keeping should take a few lessons in the art. It would greatly simplify her difficulties and lend ease and rapidity to the despatch of business. Hardly two hospitals are alike in the character of the book-keeping which falls to the lot of the matron, but initiation into business methods will enable her readily to grasp the system in vogue. In the event of her succeeding to a post where her predecessor has been in the habit of working "by rule of thumb," recourse should be had to the "Uniform System of Accounts,"¹ where specimen pages are given of all necessary books.

It may fall to the lot of the matron to act as secretary to one or other of the committees connected with her work. As secretary it is her duty to send formal notice of the holding of each meeting to every member at least three days before it is held, unless it should happen that the meetings are held on the same day and hour every week. The notice should run as follows:—

A meeting of the	Committee will be held at
on	at o'clock, for the purpose of
considering	
(Signed)	, Secretary.

¹ By Sir Henry Burdett, K.C.B. (Scientific Press).

If the meeting is an ordinary one the purpose may be omitted. An agenda paper containing a numbered series of "things to be done" should be laid before the chairman and the members of the committee. The order of business is as follows:—

1. To read and confirm the minutes of previous meeting.

2. To receive financial and other reports (financial reports take precedence).

3. To consider resolutions on business previously arranged.

4. To do any other business.

In the case of an extraordinary meeting the secretary is first called upon to read the notice which convenes it. The secretary is then called upon to read the minutes of the previous meeting, and must take care that these are signed by the chairman after having been adopted. The minutes should contain a concise record of the proceedings. They should begin with stating the date, hour, and place of the meeting, its purpose, the names of members present, and the name of the chairman. They should contain an exact statement of everything transacted, in the order followed on the occasion, starting with the adoption of the minutes at the previous meeting. They should not contain records of conversation or discussion, although any statement bearing on matters of fact made by the chairman or member may be briefly summarised. After the minutes have been read and signed, the chairman calls upon any person charged with the duty of presenting a report to read it aloud. It must then be seconded, and if no amendment is moved, is put to the meeting and formally adopted. All reports presented must be inserted in full in the minutes, but the secretary need not, unless requested to do so, read them over again at the next meeting when they recur in the minutes. It is usual to pause and inquire of the chairman, "Is it your pleasure

that this shall be taken as read?" and, after receiving an affirmative sign, to pass on to the next item. All other business except the reports is brought forward in the first instance by means of a resolution, moved by one member of the committee and seconded by another. A resolution may be tentative, as, "To consider the desirability of ——" or definite, as, "To appoint ——" or "To direct——." The secretary should pass a slip of paper to the mover of the resolution and obtain it in writing, and should adopt the same means of procuring the correct wording of any amendment which may be moved. It is not necessary to record in the minutes any arguments for or against the resolution which may be brought forward. At the conclusion of the discussion it is put to the meeting and either lost, a majority voting against it, or carried. If all vote in favour of it it is carried "unanimously," if carried with none voting against but some abstaining from voting, it is carried "*nemine contradicente*." Where the meeting is divided hands are counted and the numbers should be recorded. It is contrary to etiquette for the secretary to take any part in the discussion, except by express permission of the chairman, should information be required. In case of any obscurity in the notes taken, or any doubtful point occurring, the secretary should forward a rough copy of the minutes to the chairman and obtain his advice before entering them in the minute-book, from which it is very important to exclude any erasures or errors. It may be added that an attendance-book should be provided in the case of regular meetings for the signatures of members attending the committee.

It will more often fall to the lot of the matron to attend the committees of the hospital in her official capacity than to assume the formal duties of secretary. In the event of weekly reports being expected from her she should enter a copy of every

report in a book kept for that purpose. She should provide herself for attendance on the board with memoranda containing any figures likely to be required in a concise form and should be always ready to place full information on matters within her department before the governors. If any system of inspection by members of the board is in force the matron may do much to make it a reality by explaining her plans and setting her experience at the service of those whose duty it is to look into the affairs of the institution. She need have no fear of "interference," that bugbear of the permanent official in presence of the lay governor, if with tact and directness of purpose she studies to give her supervising authority the same means of forming a correct judgment which she herself possesses.

CHAPTER XIII.

GENERAL SUPERINTENDENCE.

THE brief examination which has been attempted into some of the matron's duties in institutions will suffice to show that by far the most important of them all is the duty of educating subordinates to work equally well in her presence or absence. The matron cannot be everywhere at once, nor should she ever be reduced to wishing this were possible. Never for a moment should she allow herself to say, "This thing is never well done unless I do it myself." The pleasure of displaying her own talents, whether in nursing or in household matters, is one which she must continually deny herself. For should she linger in the enjoyment of personally undertaking someone else's work, a hundred matters of importance will be waiting for her attention, and some must perforce be neglected. Wherever possible, then, she must choose to work through instruments, and the recognition of this fact is the first step towards administrative success. It is not an easy step. The impulse with an energetic woman is always to do things herself—with her hands, that is to say, instead of with her head. But she must for ever be on her guard against burdening herself with duties because she finds this course less irksome than exacting their due performance from someone else. If she is to hold complete control over the complicated mass of details which go to make up a large house-

hold she must devote by far the larger proportion of her time to the planning of work for others, its inspection when carried out, the rectification of mistakes, and the supervision of those to whom the work is entrusted. It may be objected that all this minute attention to detail is more properly housekeeper's than matron's work. In a large institution the matron may, it is true, have a housekeeper to relieve her of much work which would otherwise leave her no time for other duties. But it is the matron who must be the mainspring of authority in household management whether she governs through a housekeeper or in person. It will be the housekeeper's duty, for instance, to prepare the daily requisition sheet of provisions, but the matron must have it submitted to her and go through it item by item. It is the housekeeper who will give out stores and keep the key of the store-room, but it will be open to the matron's inspection, and the better the housekeeper the more she will value a visit from her chief in her own department. The lists of all kinds which it will be the duty of the housekeeper to prepare will gain all their point from being submitted to the matron's eye. Her steady attention to household details will be reflected in the zeal of those who work under her, but if she is indifferent, always "too busy" to look through the reports prepared for her with much expenditure of labour, and content to trust everything to the housekeeper, that functionary will insensibly grow also to think her duties of only secondary importance.

As with the ward sisters, so with the housekeeper, assistant matron, and home sister, the matron must give her whole attention to each for the time being, enter into their difficulties, tell them frankly and in a business-like manner when things are going wrong, and let them perceive that good work is appreciated. Above all, she must invite their confidence by never betraying it.

It is important that the matron, if, as so often happens, she is single-handed, should train one or two of her sisters to undertake her duties in case of illness or emergency. One sister may be initiated into the office routine and get a little practice in answering business letters or making up the accounts. Another should be familiar with the duties of home sister, and a third should understand how to give out the stores, attend to the linen, and make out requisitions for the cook. All this would be of the greatest value to the sisters themselves, and would ensure matters running smoothly should the matron for any cause be suddenly absent.

In apportioning her time, the matron's main difficulty will be to avoid concentrating too much attention on one section of her household to the neglect of another. The patients, the nurses and probationers, the domestic staff, the medical officers, the governing body, and the public, all have claims on her time, and so to contrive that all have their due is a problem which the wisest woman can never hope to solve with complete satisfaction to herself. The best way to approach it is undoubtedly to come to a clear understanding as to what can and what cannot be attempted. In the first place, while recognising that the hospital exists for the patients and that she is responsible for their proper tendance, the matron must renounce, as has been already pointed out, any intimate share in the nursing. It is undesirable, even in a small hospital, that she should give herself up to the personal care of a bad case, or allow it to be felt that only in her presence is there safety. Such dependence is bad for the sister, bad for the general welfare of the hospital, and doubly bad for the matron herself in mind and body. Yet it is quite possible, even among some hundreds of occupied beds, for the matron to follow, day by day, the course of events in each ward as she visits it twice daily, to watch the progress of par-

ticular forms of treatment, and keep a keen eye on the due carrying out of details. It is unfortunately true that in some hospitals where omission would be least suspected, the treatment ordered by the physician in charge of the case is by no means inevitably followed out. Plasters are prescribed which the sister never finds time to apply, medicines are administered irregularly, and special diets altogether omitted. Incessant supervision on the part of the matron is needed to obviate any possibility of such neglect. The strength of a chain is the weakest link, and that must indeed be a fortunate institution in which blind confidence can be reposed in every ward-sister. It is not everyone who possesses the wonderful gift for remembering faces and facts which enables some noted matrons of the day to individualise every patient, but the more closely the head of the household can bring herself into touch with the patients as suffering human beings, instead of cases, the less likely is it that her visits to the ward will degenerate into interference or become mere mechanical routine.

The demands which the nurses and probationers make upon the matron's time have already been fully considered. In a training school of any size she cannot hope to exercise a great personal influence among them. She must perforce leave their shaping in other hands and will be more felt as a reserve force in the background than if she should attempt individual admonitions. In a small household danger lies in undue intimacy or familiarity, but the close association forced on the inmates of small institutions, if it creates special difficulties for the one in authority, affords unusually favourable opportunity for moulding character.

There should be fixed periods in the day when the matron is accessible in her office to members of the medical staff and of the governing board, and in proportion as these times are steadily adhered to

will the waste of energy be avoided which is entailed when other duties have to be suddenly abandoned to attend to some urgent summons. Nothing more quickly makes itself felt than regularity, and the matron must be prepared for the necessity of gently educating, by her own punctual observance of routine, colleagues who may be even busier than herself yet less businesslike.

In some hospitals the public make rather large demands on the matron's time. There is no doubt that much outside support can be attracted if the hospital can be made accessible to visitors without interfering with more important work, and the only way of doing this is to turn goodwill into a practical channel, instead of allowing it to evaporate in talk. The matron will find the merely curious and idle easily discouraged if she can make it felt that every visit entails some practical service. It is only the genuine worker who likes to be greeted with a cordial welcome because there is some lame child just being sent out of hospital whose after-care is to be undertaken, or because warm clothing is to be put in hand for Christmas. Regular visitors to the wards should have more attention than is often accorded to them. Their names should be submitted to the weekly board for sanction, and their hours and wards formally assigned to them after consultation with the matron. Her advice will be generally accepted with gratitude as to the disposition of their time, and the ward sister should be encouraged to bring under their notice any patients likely to appreciate their visits. The matron must not be too timid to limit the length of visit or interpose if any tactless visitor prove an interruption to the work. The visitors, in fact, constitute a body of workers, probably untrained, but certainly full of zeal, and it is for the matron to extract the best work from them which they can be made to give.

If the training of them seems to her at times to add a new and wholly unnecessary burden to her shoulders, she must also remember that every skilled visitor she can enlist in the service of the patients will in times of perplexity be ready to solve her difficulties and bring her outside help.

CHAPTER XIV.

THE MATRON'S DUTY TOWARDS HERSELF.

ALL administrative work demands the power to make use of imperfect instruments, but no one will make a good administrator who has not discovered that self is the most imperfect of them all. To fail again and again and again, and each time to search diligently, not for some scapegoat on whom to lay the blame, but for the latent blunder which led on to failure, this is the only road to successful rule. Who cannot look back on early experiences and see in the light of later wisdom that nine times out of ten when things went wrong it was because of some precaution omitted, some detail dropped out of memory, some subordinate too rashly trusted? To be for ever providing against contingencies, and learning from each reverse to take ever greater precautions in the future, is the task of all who aspire to the tranquil self-confidence of the capable ruler. The beautiful repose of manner characteristic of a woman sure of herself is not attained without conflict. It results from a trained habit of mind, and is within the reach of all who will learn the secret of training self through the medium of training others.

Meantime it saves a great deal of heart-burning and chafing against the established order of things if the matron lay to heart from the first moment of her appointment the great truth that, to use the words of an American essayist, "There's a deal of

human nature in man." Every one of her subordinates, every one of her colleagues has a seamy side. Of nearly every one in the house she will be tempted to say at one time or another, "Things would be so much easier if so and so were different." And yet it is in this imperfect microcosm that she, imperfect herself, has been appointed to work, and it is from just such a collection of imperfect instruments that the highest service to God and man is daily all round us being performed. In the eternal conflict against evil, through which all that is worth doing has to be accomplished, the first step to victory is to discern the foe. Hence first among the duties of the matron stands the duty of dealing wisely with defects in character, defects in knowledge, defects in manner, among those with whom she is to live.

And because little things are always far harder to bear philosophically than big ones, it is defects in manner which will irk her most. Racial differences flourishing all unconsciously as between one part of the country and another; differences of tradition developed by training in various institutions; differences in education and early upbringing—all these have to be taken into account. And again, there are many curious and contradictory strands of convention even in this country in the twentieth century whereby one person's code of politeness stands to another as a cause of offence. Zeal for a common object does much to obviate strain, but perhaps a sense of the humour of things does even more towards lifting the mind above superficial annoyances—the humour, that is to say, which seizes on the kinship of minds and laughs with, not at, another.

If defects in manner can be ignored, defects in knowledge and habit must be repaired, and it has been the object of the foregoing pages to show through what means the matron may help to shape

uninstructed members of her household to serve a common end. Never to feel personally aggrieved by imperfection, and never to grow impatient in supervision and correction, this is the unending task in which every head of an institution must brace herself to spend her days. But of this enough has been said. It is sufficient reward as time goes on to watch raw material develop into instruments of the highest value.

And as regards faults of character, untruthfulness, backbiting, vanity, want of loyalty, ill-temper, sloth, self-seeking, is it not the lot of all to be compelled to work day by day with men and women displaying such characteristics? The matron will be unusually fortunate if there are not among the members of the household some whom her judgment cannot approve. Perhaps one of her most painful duties will be that of finally deciding against such as are unamenable to discipline and adverse to the interests of the institution. It needs all the best powers of the ruler to prevent patience from degenerating into weakness in cases where dismissal is advisable, and to choose the right moment and motive for action, and there are hardly any circumstances under which mistakes are more frequent and more deplorable. Experience is a safe guide, but for the comfort of the inexperienced be it said that the habit of justice is even safer, and justice is much more a matter of taking pains than is generally supposed. To get at all the facts first hand, to give her whose fate is under consideration opportunity for stating her own case, to sum up carefully for and against, to take that diligent care to exclude all personal considerations, which is never superfluous, and then to act decidedly and kindly, all this means trouble, but it is the only road by which to acquire the judicial attitude. It is a very common error with kindhearted women to condone offences long after it has become evident that the offender is

neither doing nor getting any good. It is often far kinder in reality to terminate the situation, recognising that those who fail under one set of circumstances may do very well indeed when conditions are changed, and that the shock of acknowledged failure may be the first step towards reform.

But there will be cases in which those who are the objects of just suspicion and dislike do not lie under the matron's jurisdiction, yet must be borne with in daily intercourse, perhaps obeyed. In such cases her duty is clear. She cannot lower her own tone in compliance with sentiments she disapproves, but neither is she called on to step outside her own sphere to argue or protest. If her own light is steady, sooner or later it will absorb the shadows. The influence of a just and sincere woman at the head of the household will make itself felt even to the remotest corner; nor is any malign example able to withstand it. In quietness and in confidence shall be her strength.

We have dealt thus long on the subject of other people's faults because it is those which in innumerable cases pave the way to disappointment and failure. The wise ruler must be strong enough to keep her work unmarred by others. But though it be her duty thus to open her eyes to evil, it is her happy privilege, working as she must do in closest association with others, to penetrate to an intimate understanding of their higher nature. There is perhaps no other class of work which develops, to the same extent as nursing, qualities of the heart; and the mutual spirit of confidence and dependence between the matron and her sisters when each has learned to trust the other renders this one of the happiest relations life has to offer. It is matter of common observation that the women who govern well are the women who are quick to see the good points in others and slow to condemn. Any shallow critic can be relied on to detect faults. But good

judgment is needed "to pick out treasures from an earthen pot." It is certainly one of the many interesting features in the training of probationers that it tends to bring to light qualities previously unguessed at by themselves or by their friends. And if the matron is to get the best out of her material she must have faith in these dormant virtues and learn to awake them. So true is it that belief in their existence suffices often to warm them into life.

And when all has been said of the matron's life with others and her duty towards herself as displayed in her intercourse with her little world, what can be said of that which is more to her than all the rest, the inner life which is lived all day long in the secret places of her soul? How much must be surrendered to the exigencies of the work? It is inevitable that much must be sacrificed by the head of a large household. Favourite pursuits will perforce dwindle to occasional recreations. Friends will come to recognise that even friendship must be subordinated to higher claims. Amusements of at all an exciting or engrossing character will gradually be foregone. And the routine life of the hospital, largely made up as it is of emergencies, will come to bound the horizon to the exclusion of vivid outside interests. We believe this to be inevitable, but not for that reason need the nature of a busy woman be warped and her outlook on life narrowed. It is the spirit in which daily duties are encountered, not the occasional excursions from them, which has power to broaden and deepen the whole nature. Such excursions from the narrow things of home, wholesome and, to some natures, even necessary, if the equilibrium is to be maintained, tend to become more rarely tasted as the sense of responsibility grows with the consciousness of administrative ability. But if the inner life is to remain serene, unmarred by strife of tongues, some period every

day, some true holiday at least once a year, must be secured wherein the soul may be uplifted above the smoke and stir of this dim spot. It matters little by what method tranquillity is wooed : to each nature its own mode of solace. But only through such reviving spells of self-realisation can tranquillity develop from the joy of occasional rare moments to the habit outside influences shall have no power to destroy. This is that inward vision, source of all real power over men and things, wherein all happenings assume their true proportion and the soul reaches forward towards perfection.

CHAPTER XV.

THE MATRON'S BOOKS.

THE importance of keeping a good record of the nursing service throughout the hospital can hardly be overestimated. It is not an easy thing to get a thoroughly good system into working order. Those who, when taking up a fresh appointment, find such a system established through the labours of their predecessors, are unusually fortunate, for there are still many laggards in modern methods of recording concise information, institutions where rough jottings are made to do duty for registers, and where the search for particulars concerning a nurse's career in past years is a process taxing the time and patience of all concerned. Posting the registers is one of the ever-recurring duties of the matron, which can never be said to be done. The hospital exists in a state of flux, and at no given time can the matron fold her hands and reflect that she has wound up matters for a week in advance.

Every change which takes place in the disposition of the nurses throughout the hospital is a matter of importance to the nurse or probationer who is moved from one ward to another. Trifling as the variations may appear in her work, taken all together they make up her training, and it is a matter of common justice to each individual that a clear record of all she has done shall be available for reference. The registers which it will be found indispensable to keep are three in number. 1. Entrance Roll for Proba-

tioners. 2. Probationers' Register. 3. Sisters' and Nurses' Register.

1. The entrance roll for probationers is a record in concise form of useful particulars regarding the past of all the probationers who enter the service of the hospital, whether they stay three days or ten years. A probationer may come on trial, prove unsatisfactory in every particular and be dismissed, yet from the mere fact of her admission, the hospital is liable to be called upon for an account of her at some future time, when it may be of great importance to be able to produce an entry showing how long the person in question was in the service of the institution, and for what reason she was discharged. The following facts should be obtained:—

Name.

Date of entering.

Date of leaving, or of engagement. (If engaged as regular probationer the folio in book 2 is appended.)

Cause of leaving.

Age.

Date.

Place of birth.

Single or widow.

Religious denomination.

Educated at

Previous occupation.

Recommended by 1.

Recommended by 2.

Medical certificate signed by.

Parents living.

Father's occupation.

Home address.

Book 2 is the most important of all. The Register of Probationers is likely to be constantly in request, and the manner in which it is kept has more to do with the general standard of training in the hospital than is often understood. It should be so planned as to give at a glance the whole of the probationer's career in the hospital. If too crowded

114 THE MATRON: DUTIES AND RESPONSIBILITIES.

with detail it misses its aim. If too scanty it may be absolutely misleading.

The following ruling attempts to combine the best features of the rolls in use at some large hospitals.

PROBATIONER'S REGISTER.

Name..... Appointed..... Folio.....

Ward	Nature of Work	Dates		No. of Days	No. of Nights	Special Cases	Report of Sister	Off Duty, Illness, or Leave
B	Male Surgical]	From Sept. 1	To Sept. 30	30	—	—	Painstaking, but slow. Signed A. B.	—
H	Off Duty ... Gynaecological	Oct. 1 Oct. 14	Oct. 14 Nov. 28	14 —	— 45	—	Trustworthy, good memory. Signed C. D.	Holiday —

At the bottom of the page a *résumé* should be given.

Name	Days	Nights
Total of surgical work		
Total of medical work		
Illness		
Holidays, leave, and off duty		

Thus the whole career of the nurse is easily ascertainable at a glance, with the judgment pronounced on her work by successive superiors. Unless this summary is performed strange mistakes are liable to occur, and that they do occur and result in curiously one-sided training many nurses whose skill was never properly cultivated during their pupil years can testify. In general there is more danger of laxity in keeping the Registers of Probationers in small than in large hospitals. Even the Cottage Hospital with but half a dozen beds is in duty bound

to keep an exact account of the opportunities afforded to the probationer, and the proportions of day and night duty which fall to her. Such a description of the training would do much to reconcile the matron of a general hospital to a candidate having been already under instruction, for it would show her that the previous experience had not been gained in that atmosphere of muddle and rush which it is to be feared too often pervades the cottage hospital posing as training school.

The number of classes and lectures attended has next to be registered, with the result of all examinations.

Subjects	Number Attended		Result of Examinations		
			Marks		Exami- ner's Report
	Lectures	Classes	Max.	Number Obtained	
Physiology					
Anatomy					
Hygiene					
Theoretical nursing					
Practical nursing ...					
Cookery					
Bandaging, &c. ...					

This may conveniently find a place on the page facing the above in the register.

In addition to these records the certificate issued to the nurse is copied into a separate book which contains particulars of all certificates, and may be in the form of counterfoils to the certificates themselves.

The value of keeping these minute records of the probationer's doings has been already emphasised. It is not sufficient to keep a bare account of the wards in which the time has been spent. The *résumé* which shows the total amount of experience,

night and day, afforded to the nurse in each department, is of the utmost value.

The register may, under able management, supply in small hospitals the place which is filled in large institutions by emulation. It serves to make everyday events matters of importance, and it is the feeling that things do not much matter which is the great drawback to the small training schools. There may in a non-clinical provincial hospital be even greater opportunities of learning the work than in an important training centre, and ample material for instruction, but unless the nurses can be brought to understand the value of working up to the top of their abilities all the time, they will not become smart in the performance of their duties. A thoroughly well-kept register, kept with the full knowledge of the nurses, is the greatest possible assistance in helping the probationers to realise that every day's work counts in the sum of their training.

We are disposed to think that much good would result if each probationer were encouraged to keep a record similar in character to the above wherein every change in her work, every opportunity for gaining fresh experience were entered by herself. Doubtless there may be advantages in keeping the reports received from the various sisters relative to the probationer's work confidential. Such reports might degenerate into commonplaces were they presented with the knowledge that they would be communicated to those they concern. But on the other hand a keen stimulus would be supplied were the probationer made aware at the conclusion of her three months' work exactly what judgment had been passed on her, and the strongest motive would be established for maintaining a high level in this unerring record of training days—a record which would in years to come be regarded as one of her best treasures.

But the record should not cease when the proba-

tioner's years have run out. The series of registers to be complete must include one continuing the tale in the event of the nurse being appointed to a post on the regular staff. The register of sisters and nurses records the changes which take place in the distribution of the ward staff, and though less detail is necessary than in the case of learners, there should at the least be entries of the dates when new posts are entered upon, and occasional remarks when called for on the character of the work accomplished under any special circumstances.

REGISTER OF SISTERS AND NURSES.

Name..... Age..... Folio.....

Date	Appointment	Remarks

Date of leaving.....

Appointment (or cause of leaving)

Subsequent nursing career.....

In hospitals where the sisters are promoted from the staff, the folio relating to past experience being indicated above, this form suffices, but in the event of outside sisters being appointed, space must be left for their record before joining the staff.

It may be imagined that a distressing amount of labour is entailed upon the matron by these careful and minute records, of what are, after all, viewed from outside but small events. That Nurse C. has taken the place of Sister H. during the latter's absence on account of influenza may not appear a matter of great moment, but when the next sister's post falls vacant Nurse C. has all the better chance of obtaining it, if instead of a vague memory of her having acted for a short time as stop gap, the matron has a clear record of her having filled the post credit-

ably for five weeks under circumstances of unusual pressure. There are doubtless matrons who never depend, nor need to depend, on written entries. Their memory is unerring, and acts automatically. Yet such gifted matrons would do well to remember that the official who trusts exclusively to memory is preparing a difficult path for her successor to tread, and that at any minute unforeseen absence may plunge the whole organisation into confusion for want of the records which the forgetful people are compelled to rely on.

Filling in the registers is not a thing to be done hurriedly day by day. It needs a little quiet time free from interruption, and it is necessary, if no details are to be forgotten, that a rough scheme of the constant changes which take place in the disposition of the nursing staff shall be drafted, from which the registers can be compiled. In a large hospital, liable to frequent changes, the following sheet will be found a convenient form for use as a rough diary,

Week beginning.....

Ward	Day				Night		—
	Sister	Staff Nurse	Senior Probrs.	Junior Probrs.	Staff Nurse	Probrs.	
A							Sunday Monday Tuesday Wednesday Thursday Friday Saturday
B							Sunday Monday Tuesday Wednesday Thursday Friday Saturday

etc., etc.

to be filled in by the assistant matron once a week, and placed on the matron's table for noting day by day any variations which occur. At the bottom of the form space is left for out-patients, theatre, and other special departments, and lastly come the nurses available for extra work, so that at a glance the matron is able to tell exactly whom she has to rely on. To fill in the names of those whose duties have been changed, in the place which they now occupy, is merely a matter of five minutes' work for the matron or her assistant every morning, and with the aid of this clear picture of the disposition of the staff throughout the hospital every day, the more formal registers can be easily made up once a week at an appointed time, without worry about dates or possibility of error. A form of this description adapted to the requirements of the particular hospital could be struck off on any ordinary duplicator at a very trifling cost, and would repay over and over again by the saving of time effected, the trouble involved in its preparation.

It will be seen that a space is left in the Register of Sisters and Nurses for "Subsequent nursing career."

By providing for continuing the record of the nurse after her departure from the hospital, much may be done to spread the influence of the training school, perhaps in remote country villages, perhaps in far distant lands. If nurses know that reports of their doings are welcomed at headquarters they will not be backward to give news of themselves, and though all this "makes work" it has a far-reaching effect for good. Not the least valuable part of the system which in some institutions elevates the keeping of registers to a fine art, is the educative effect upon the matron herself.

CHAPTER XVI.

LOYALTY TO THE PAST.

EVERY public office is held under conditions which bring forcibly to mind sooner or later the unimportance of the individual. The heads of institutions in particular are able to discern through all the weight of affairs which throws them into prominence that they are but units in a long series, and that the turn of events which has set them at the head is a call not so much to alter details and appropriate authority as to inherit and develop good work towards which many have contributed and to which many must still succeed. Regarded in the true historic spirit, the old blunders and makeshifts of the pioneers of nursing produce in the modern mind a humility bordering on reverence. What stupendous exertions went to the moulding of a good nurse in days not yet so very distant. What strain and stress devolved on the matron whose labours were unrelieved by a single modern appliance, whose nurses were tucked away in holes and corners, and whose domestic staff was summed up in a couple of charwomen. When the veil which covers the past is lifted, as may sometimes happen, the picture of hospital misrule which it is apt to disclose shows shining clearly through all the frequent disorders of imperfect organisation the figures of those whose triumphs were won under these adverse conditions, and whose character gained in

force and beauty through the want of those very advantages which are now at the disposition of all. Rare qualities of head and heart were the dower of those matrons of old, and if the newer generation be ever tempted to a sense of easy superiority when they reflect upon the perfection of modern routine, they will do well to temper their satisfaction in their own methods with the wholesome question, "Under like circumstances, could I have done as well?" The matron who has set herself to realise that she is called to fill but a niche in a long gallery derives a wonderful sense of cheer from this reflection. She is no longer alone in her heavy cares and responsibilities. Others have laboured and sighed and triumphed in the same office, others will sit where she sits, turn over her memoranda, copy perhaps her regulations. The thought makes her very lenient to the mistakes of her predecessors, jealous of their reputation as of her own, eager to guard them from hasty condemnation. Even that most difficult of all relations, the relation of the matron towards her immediate predecessor, is rendered beautiful by such considerations. "I cannot condemn," said one who was suffering under the jealousy and misrepresentations of her successor, "for I alone am able to understand her difficulties." Hence in succeeding even a notoriously incompetent person, pity and oblivion are indicated, and the tendency to hark back to old grievances must be checked with a firm hand by the matron upon whom such ill-judged comparisons may seem to reflect credit. It does undoubtedly demand a vigorous effort to be strictly loyal to the immediate predecessor, however brilliant her talents. The unhappy drop of envy which lurks unsuspected in many otherwise noble natures makes it specially hard to follow a really popular matron, and the inclination to discount her successes by unveiling some instance of fallibility may need some self-disciplined effort to repress.

There is no field in which loyalty to the past is

more fruitfully displayed than in the matron's attitude towards former members of the staff. The duty of welcoming visits and reports from nurses trained in the institution is comparatively easy so long as the same matron remains at the head of the training-school. Every matron takes pleasure in the successes of her pupils, and is naturally disposed to sympathise in their difficulties. But it is less easy for her to enter into the doings of strangers, and the inclination is to "let bygones be bygones." Yet the spirit of continuity in a good training-school is a thing worth some effort to preserve, and it is the duty of each matron in turn to take some trouble that it does not suffer at her hands. The sense that each worker is one of a long series dependent on predecessors for much that is making up the essence of the life lived under the shadow of the old walls, is never better tasted than in welcoming some unknown nurse back to the institution which has been a rallying call to her amidst countless difficulties in places where perhaps its name is altogether unknown. In this as in the right performance of all the fastidious details which go to make up her day's routine, the matron receives even more than she gives.

As head for the time being of the Hospital League or as hostess at the annual gatherings which bring former workers back from far and near, the matron may be brought into contact with nurses trained under more than one previous *régime*. If she has schooled herself to think that nothing was ever done properly until she came she will regard these visitors with indifference if not contempt. But if the matrons in the past have come to stand in her imagination as sisters to her in office, sisters whose faults she cannot help knowing, but whose memory she cherishes as coadjutors in the task of making and preserving the traditions of the institution, then she will welcome whatever serves to illustrate that continuity through which she herself will one day survive. Hopeful-

ness about the future, that is the spirit engendered by loyalty to the past. No carping at change, no sinking of the heart when the day's work is done, and a successor all unused to the traditional methods is chosen to carry on the familiar loved duties. To live in the present with the consciousness fully alive that other hands will turn the registers so laboriously kept, that other eyes will scrutinise the arrangements made with such exactitude, is to engender a deep sense of responsibility which bears in the end rich fruit. It is not on gala days of compliment and congratulation that the matron's reputation is built up. It is through the hours overfilled with petty details during which sometimes there falls on the mind with refreshing balm a vision of accomplishment, when the long day shall be ended and the name inscribed among the number of those whose labours have tended to the glory of the hospital, and the greater honour of humanity at large.



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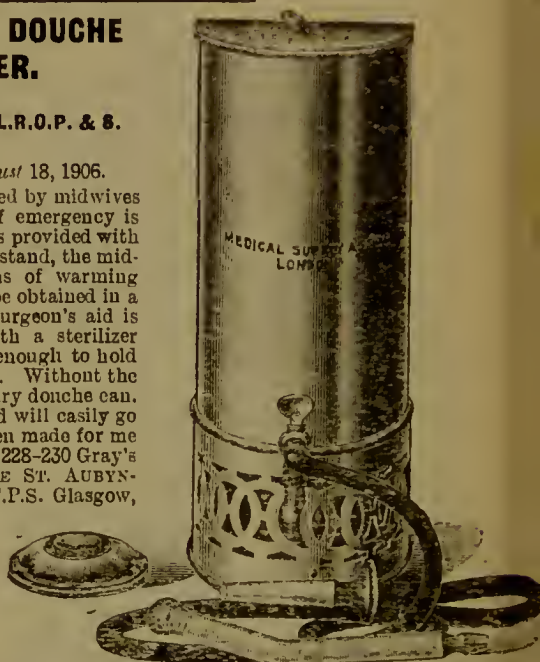
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